



Title VI Complaint Procedure

Title VI Complaint Procedures

The following pertains only to Title VI complaints regarding the services of CrossWinds Counseling & Wellness. Title VI, 42 U.S.C. §2000d et seq., was enacted as part of the Civil Rights Act of 1964. At the heart of the regulation is the statement that:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

CrossWinds has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in Chapter III of the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. If you believe that CrossWinds' federally funded programs have discriminated your civil rights on the basis of race, color, or national origin you may file a written complaint by following the procedure outlined below:

1. Submission of Complaint.

Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by CrossWinds, may file a written complaint with the CrossWinds' CEO. A sample complaint form is available for download at www.crosswindsks.org and is available in hard copy at the offices of CrossWinds at 1000 Lincoln Street, Emporia, KS. Upon request, the CrossWinds will mail the complaint form. **Such complaints must be filed within 180 calendar days after the date the discrimination occurred.**

Notes: Assistance in the preparation of any complaints will be provided to a person or persons upon request and as appropriate. If information is needed in another language, then contact the CEO at 620-343-2211.

Complaints should be mailed to or submitted by hand to:

CrossWinds Counseling & Wellness
ATTN: CEO
1000 Lincoln Street
Emporia, KS 66801

2. Referral to Review Officer

Upon receipt of the complaint, the CEO shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the CEO shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the

merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to the (*agency*)'s processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the CEO for concurrence. If the CEO concurs, they shall issue CrossWinds' written response to the Complainant. This final report should include a summary of the investigation, all findings with recommendations, corrective measures where appropriate.

Note: Upon receipt of a complaint, CrossWinds shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and FTA-Region 7 contacts.

3. Request for Reconsideration

If the Complainant disagrees with the CEO's response, they may request reconsideration by submitting the request, in writing, to the CEO within 10 calendar days after receipt of the CEO's response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the CEO. The CEO will notify the Complainant of their decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where CrossWinds' CEO agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2 above.

4. Appeal

If the request for reconsideration is denied, the Complainant may appeal the CEO's response by submitting a written appeal to CrossWinds' Board of Directors no later than 10 calendar days after receipt of the CEO's written decision rejecting reconsideration. The Board of Directors will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.

5. Submission of Complaint to the State of Kansas Department of Transportation.

If the Complainant is dissatisfied with CrossWinds' resolution of the complaint, they may also submit a written complaint within 180 days after the alleged date of discrimination to the State of Kansas Department of Transportation for further investigation.

KDOT Office of Civil Rights Compliance
Eisenhower State Office Building
700 Southwest Harrison
3rd Floor West
Topeka, KS 66603



Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with CrossWinds Counseling & Wellness. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TDD		Other
Section II:			
Are you filing this complaint on your own behalf?		Yes*	No
*If you answered "yes" to this question, go to Section III.			
If not, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filed for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		Yes	No
Section III:			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
Date of Alleged Discrimination (Month, Day, Year): _____			
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.</p>			

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
 Yes No

If yes, check all that apply:

Federal Agency: _____
 Federal Court _____ State Agency _____
 State Court _____ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

Signature _____ Date _____

Please submit this form in person at the address below, or mail this form to:
CrossWinds Counseling & Wellness
ATTN: CEO
1000 Lincoln Street
Emporia, KS 66801