

Title VI Complaint Procedures

Title VI Complaint Procedures

Mid-Plains Center for Behavioral Healthcare Services, Inc., Transportation Division

Any person who believes they have been discriminated against on the basis of race, color, or national origin by Mid-Plains Center for Behavioral Healthcare Services, Inc., Transportation Division may file a complaint by completing and submitting the agency's Title VI Complaint Form. Complaints must be submitted within 180 days following the alleged incident. Complaints received after 180 days will not be eligible for investigation.

All Title VI and related statute complaints are considered formal—there is no informal process. Complaints must be made in writing and signed by the complainant on the Complaint Form provided. If complaints are received by telephone, the information will be documented in writing and provided to the complainant for confirmation or revision and signature prior to processing. Complaints must include the complainant's name, address, and telephone number, and should specify all issues and circumstances of the alleged discrimination. Allegations must be based on issues involving race, color, or national origin. Complaints can be submitted to the agency at the following contact information:

Mid-Plains Center for Behavioral Healthcare Services, Inc.

Attn: Title VI Manager
914 Baumann Drive
Grand Island, NE 68803
(308)-385-5250
cmusilek@midplainscenter.org

Complaints may also be filed directly with the Nebraska Department of Roads at:

Nebraska Department of Roads

Attn: Transit Liaison Manager
1500 Hwy. 2
Lincoln, NE 68502
(402)-479-4694
kari.ruse@nebraska.gov

Complaints can also be filed directly with the Federal Transit Administration at:

Federal Transit Administration

Attn: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave. SE
Washington, D.C. 20590

Title VI complaints of discrimination received by Mid-Plains Center for Behavioral Healthcare Services, Inc., Transportation Division will be directed to the Nebraska Department of Roads (NDOR) Transit Section for review. NDOR will notify the Federal Transit Administration that a complaint has been received. The complainant will receive an acknowledgment letter informing her/him whether the complaint will be investigated. NDOR has 30 days to investigate the complaint. If more information is needed to resolve the case, the agency may contact the complainant to request additional information. The complainant has 15 days from the date of the letter to supply requested information to the investigator assigned to the case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days following the closure letter or LOF to do so.

Este documento describe el Título VI Procedimiento de Mid-Plains Center for Behavioral Healthcare Services, Inc., Transportation Division. Para obtener una copia de este documento en Español, favor de visitar el sitio de web de la agencia a <http://www.midplainscenter.org/>. Para asistencia adicional, favor de ponerse en contacto con la agencia o el Departamento de Carreteras de Nebraska al número telefónico dado anteriormente. Un intérprete telefónico puede ser proporcionada por NDOR para asistir personas de dominio de Inglés limitado.

Title VI Complaint Form

Title VI Discrimination Complaint Form

Mid-Plains Center for Behavioral Healthcare Services, Inc., Transportation Division

To file a Title VI complaint of discrimination, please complete this Complaint Form in full and submit it within 180 days following the alleged incident using the provided agency contact information. Complaints received after 180 days will not be eligible for investigation. Title VI complaints must involve issues pertaining to race, color, or national origin. Complaint Forms may be submitted by an individual or a representative of that individual.

Complaints must be made in writing and contain as much information as possible about the alleged discrimination. If complaints are received by telephone, the information will be documented in writing and provided to the complainant for confirmation or revision and signature prior to processing. The written complaint should include the complainant's name, address, and telephone number, as well as a detailed description of the issues and the name(s) and job title(s) of individuals perceived as parties in the complaint.

After completing this Complaint Form, please return it to the address below:

Mid-Plains Center for Behavioral Healthcare Services, Inc.

Attn: Title VI Manager
914 Baumann Drive
Grand Island, NE 68803
(308)-385-5250
cmusilek@midplainscenter.org

Complainants may also choose to return this form to the Nebraska Department of Roads at the following address:

Nebraska Department of Roads

Attn: Title VI Transit Manager
1500 Hwy 2
Lincoln, NE 68502
(402)-479-4694
kari.ruse@nebraska.gov

This form may also be submitted to the Federal Transit Administration at the following address:

Federal Transit Administration

Office of Civil Rights
Attn: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, D.C. 20590

Para obtener una copia de este documento en Español, favor de visitar el sitio de web de la agencia a <http://www.midplainscenter.org/>. Para asistencia adicional, favor de ponerse en contacto con el Departamento de Carreteras de Nebraska al número telefónico dado anteriormente. Un intérprete telefónico puede ser proporcionada por NDOR para asistir personas de dominio de Inglés limitado.



Title VI Complaint Form (Cont'd)

Complainant:	Phone:
Address:	Email:
Person Discriminated Against if Different from Above:	Phone:
Address:	Email:
Type of Discrimination: <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation	Date of Incident:
Date and place of alleged discriminatory actions. Please include earliest date of discrimination and most recent date of discrimination:	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your complaint (attach additional pages if necessary):	
Names and contact information of persons (witnesses, others) whom we may contact for additional information to investigate your complaint:	
The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that you believe is relevant to the complaint.	
_____ <i>Signature</i>	_____ <i>Date</i>
Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please submit this completed form using the contact information provided on page 1.	
NDOR USE ONLY	
Received By:	Date: