

THE CENTER FOR INDEPENDENT LIVING FOR WESTERN WISCONSIN, INC. (CILWW)
Title VI notification to the public

CILWW operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with CILWW.

For more information on CILWW's civil rights program, and the procedures to file a complaint, contact 800-228-3287, (TTY 800-228-3287); email cilww@cilww.com ; or visit our administrative office at 2920 Schneider Ave SE, Menomonie, WI 54751.

For more information, visit www.cilww.com

If information is needed in another language, contact ticklerc@cilww.com or 800-228-3287.

CILWW TITLE VI COMPLAINT PROCEDURE

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by CILWW may file a Title VI complaint by completing and submitting the agency's Title VI complaint form.

CILWW investigates complaints received no more than 180 days after the alleged incident. CILWW will process complaints that are complete.

Once the complaint is received, CILWW will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

CILWW has 10 days to investigate the complaint. If more information is needed to resolve the case, CILWW may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, CILWW can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their 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. A LOF summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of the staff, or other action will occur. If the complainant wishes to appeal the decision, she/he has 10 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Ave., SE, Washington, DC 20590.

CILWW TITLE VI COMPLAINT FORM

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): _____ 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 use the back of this form.				

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
If yes, check all that apply: <input type="checkbox"/> Federal Agency; <input type="checkbox"/> Federal Court; <input type="checkbox"/> State Agency; <input type="checkbox"/> State Court; <input type="checkbox"/> 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: Center for Independent Living for Western Wisconsin, Inc.
 2920 Schneider Ave SE
 Menomonie, WI 54751
 Attn: Mobility Manager