



# BLAIR SENIOR SERVICES

AREA AGENCY ON AGING

1320 TWELFTH AVENUE ALTOONA, PA 16601

MAIN OFFICE  
814-946-1235  
1-800-245-3282

TRANSPORTATION  
814-695-3500  
1-800-458-5552

[www.blairsenior.org](http://www.blairsenior.org)

## TRANSPORTATION PROGRAM COMPLAINT PROCESS POLICIES AND PROCEDURES

### COMPLAINT

- ❖ *"A complaint is an issue, dispute or objection presented by, or on behalf of, a client regarding the Transportation Program, or the coverage, operations or management policies of the Transportation Program other than a form of denial of service."*

### PROCEDURES

In order for your complaint to be heard, you **MUST FOLLOW THE PROCEDURES LISTED BELOW:**

1. Contact the Shared Ride Transportation Office at (814) 695-3500 or 1-800-245-3282 (TTY-TTD 949-4856).
2. If you are unable to call during regular business hours, you may leave a message by stating your name, phone number, the best time to be reached, the date and time of the incident, and the staff person(s) involved.
3. If you do not have access to a telephone, you may mail your complaint to the address specified in **SECTION II**. In your written complaint, be sure to include your name, phone number, mailing address, the date and time of the incident, and the staff person(s) involved.
4. State your reason(s) why you would like to file a complaint. All complaints must be received within (30) calendar days of the incident. After this date, the Shared Ride Program reserves the right to dismiss your complaint without review.
5. You have the right to have someone file a complaint on your behalf. If someone is filing the complaint on your behalf, please provide their name, address and telephone number in addition to your information.

Your complaint will be reviewed by staff not involved in the specific incident. Staff will record your complaint, investigate the issue, and respond to you within one (1) to two (2) business days.

If the complaint is not resolved, the Agency's President or designee will review the complaint and respond within ten (10) business days.

**SECTION II**

Operations Manager or Transportation Manager  
Blair Senior Services, Inc.  
1320 12<sup>th</sup> Avenue  
Altoona, PA 16601  
(814) 695-3500

Agency President or Designee  
Blair Senior Services, Inc.  
1320 12<sup>th</sup> Avenue  
Altoona, PA 16601  
(814) 946-1235

## Complaint Form

### Section 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home or Cell): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Accessible Format Requirements (please circle if applicable)

Large Print

TTY

Other

### Section 2

Are you filing the complaint on your own behalf (please circle)?      Yes    No

If you answered yes to this question, please skip to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining.

\_\_\_\_\_

Please explain why you have filed a complaint for a third party: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained permission of the third party if you are filing a complaint on their behalf (please circle).

Yes

No

Section 3

I believe the discrimination I experienced was based on (circle all that apply):

Race (Title VI)      Color (Title VI)      National Origin (Title VI)  
Age      Disability (ADA)      Gender      Other

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 that name and contact information of the person(s) who discriminated against you (if known), as well as the names and contact information of witnesses. If more space is needed, please use the back of this form or attach additional sheets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section 4

Have you previously filed a Title VI complaint with the Agency (please circle):    Yes    No

Section 5

Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State Court (please circle)?

Yes      No

If yes, please check all that apply and identify the agency or court:

- ( ) Federal Agency: \_\_\_\_\_
- ( ) State Agency: \_\_\_\_\_
- ( ) Local Agency: \_\_\_\_\_
- ( ) Federal Court: \_\_\_\_\_
- ( ) State Court: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Section 6

Name of agency your complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Your Signature and Date are required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit or mail this form to the address below:

Blair Senior Services, Inc.  
Attention: Title VI Coordinator  
1320 12<sup>th</sup> Avenue  
Altoona, PA 16601