



# 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)

## Blair Senior Services, Inc.

### Title VI Notice to the Public

Blair Senior Services, Inc. (Agency) operates its programs and services without regard to race, color or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes they have been aggrieved by any unlawful discriminatory practice under Title VI has a right to file a formal complaint with the Agency.

For more information on the Agency's Civil Rights program, and the procedures to file a formal complaint, contact Dennis Wisor at (814) 695-3500 or Mike Smith at (814) 946-1235 or (814) 949-4856 (TTY) or visit our administrative office at 1320 12<sup>th</sup> Avenue, Altoona, PA 16601. The complaint procedure is published on our website at [www.blairsenior.org](http://www.blairsenior.org).

You may file a complaint directly with the Federal Transit Administration by contacting the Office of Civil Rights, Attention: Title VI Coordinator, East Building 5<sup>th</sup> Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590.



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## 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

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