



**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

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 the Transportation Program Manager at (814) 695-3500 or the Administrative Services Director at (814) 946-1235 or (814) 949-4856 (TTY) or visit our administrative office at 1320 12th Avenue, Altoona, PA 16601. The complaint procedure is published on our website at 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 5th 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

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 12th Avenue
Altoona, PA 16601