TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION

THE ARC OF THE CHATTAHOOCHEE VALLEY, INC. operates its programs 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 THE ARC OF THE CHATTAHOOCHEE VALLEY, INC.

For more information on the civil rights program and the procedures to file a complaint, contact:

THE ARC OF THE CHATTAHOOCHEE VALLEY, INC.
P O BOX 416

VALLEY, AL 36854 334-756-2868 www.valleyhavenschool.org

A complaint may be filed directly with the Federal Transit Administration by contacting:
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington DC 20590

If information is needed in another language, then contact Paula P. Frazier @ 334-756-2868.

Title VI Complaint Form

Section I					
Name:					
Address:					
Telephone (H	ome):	Telephon	e (Work):		
Electronic Ma	il Address:				
Section II					
Are you filing	this complaint on your own beha	If? Circle	Yes	No	
If you answer	ed "yes" to this question, go to S	ection III.			
	supply the name and relationship om you are complaining:	o of the			
Please explai	n why you have filed for a third p	arty:			
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 o	liscrimination I experienced was			') :	
[]Race	[] Color	[] National Origin			
	ed Discrimination (Month, Day, Y				
against. Descinformation of	early as possible what happened cribe all persons who were involved the person(s) who discriminated information of any witnesses. If m	ed. Include tl d against you	ne name and con (if known) as we	tact Il as names	

Section IV		
Have you previously filed a Title VI complaint with this agency? Circle	Yes	No
Section V		
Have you filed this complaint with any other Federal, S Federal or State court?	State, or local agenc	y, or with any
[] Yes [] No		
If yes, check all that apply:		
[] Federal Agency:		
[] Federal Court [] Stat	e Agency	
[] State Court [] Loc	al Agency	
Please provide information about a contact person at the agency	court where the compla	int was filed.
Name:	1 , W1 W	
Title:		
Agency:	300 T.	
Address:		
Telephone:		
Section VI		Section of the sectio
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		
Attach any written materials or other information that yo	ou 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 th	s form to:	

PAULA P. FRAZIER THE ARC OF THE CHATTAHOOCHEE VALLEY, INC. P O BOX 416, 6345 FAIRFAX BY-PASS, VALLEY, AL 36854