



## NON-DISCRIMINATION AND AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION

Brevard Alzheimer's Foundation, Inc. has set a policy that assures that no person shall on the basis of race, color, national origin, sex, age, disability, family, or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and the Florida Civil Rights Act of 1992 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity.

For Title VI Complaints & Questions:

Contact Brevard Alzheimer's Foundation, Inc. at 321-253-4430  
4676 N. Wickham Road, Melbourne, FL 32955

Or

Contact FDOT, District 5 – Transit Office at 407-482-7800

If Information is Needed in Another Language, Contact 321-253-4430

Si Necesita Informacion En Otro Idioma, Llama al 321-253-4430

### **Complaint Procedure**

Title VI Programs must include a copy of the Title VI complaint procedure. The complaint procedure and complaint form shall be available on the recipient's website.

The following Title VI Complaint Procedure is not currently available on the agency's website, but will be included in March 2015 to be in compliance with Title VI requirements.

#### **Title VI Complaint Procedure**

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Brevard Alzheimer's Foundation, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Brevard Alzheimer's Foundation, Inc. investigates complaints received no more than 180 days after the alleged incident. Brevard Alzheimer's Foundation, Inc. will process complaints that are complete.

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

Brevard Alzheimer's Foundation, Inc. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Brevard Alzheimer's Foundation, Inc. may contact the complainant. The complainant has ten (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 ten (10) business days, Brevard Alzheimer's Foundation, Inc. can administratively close the case. A case can also be administratively closed 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 member or other action will occur. If the complainant wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Brevard Alzheimer's Foundation, Inc.'s website <http://www.brevardalzheimers.org>.

### **Title VI Complaint Form**

Recipients must create and make available a Title VI Complaint Form for use by customers who wish to file a Complaint Form shall specify the three classes protected by Title VI - race, color, and national origin - and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination.

The following Title VI Complaint Form is not currently available on the agency's website, but it should be included to be in compliance with Title VI requirements.

## Brevard Alzheimer's Foundation, Inc. Title VI Complaint Form

<b>Section I</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II</b>				
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
<b>Section III</b>				
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
<input type="checkbox"/> Disability		<input type="checkbox"/> Family or Religious Status		<input type="checkbox"/> Age
		<input type="checkbox"/> Other (explain)		
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.				
_____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No
<b>Section V</b>				
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.				
<b>Name:</b>				
<b>Title:</b>				
<b>Agency:</b>				
<b>Address:</b>				
<b>Telephone:</b>				
<b>Section VI</b>				
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