

## **Title VI Public Notice**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance” 42 U.S.C. Section 2000d.

Shelby County is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964. **If you feel you are being denied participation in or being denied benefits of the transit services provided by Shelby County Community Services, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, you may contact our office at:**

Reginald Holloway, Manager  
c/o Community Services  
200 W. College Street  
P.O. Box 467  
Columbiana, AL 35051

For more information on filing a complaint, visit our website at <https://www.shelbyal.com> and go to Departments and click on Community Services.

You may also complain to the:  
Federal Transit Administration Office of Civil Rights  
Attn: Title VI Program Coordinator  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue, SE  
Washington D.C. 20590

If you need assistance in another language call (205) 670-6556.

## **Title VI Complaint Procedures**

### **How to File a Title VI Complaint?**

The complainant may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include the following information:

- Your name, mailing address, and how to contact you (i.e. telephone number, email address, etc.)
- How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
- Other information that you deem significant.

The Title VI Complaint Form (see next page below) may be used to submit the complaint information. The complaint procedures and complaint form are posted on the Shelby County's website.

The complaint may be filed in writing with Shelby County at the following address:

Reginald Holloway, Title VI Coordinator  
Shelby County  
c/o Community Services  
200 W. College Street  
P.O. Box 467  
Columbiana, AL 35051

A letter acknowledging receipt of complaint will be mailed within seven days. Please note that in responding to any requests for additional information, a complainant has fifteen (15) business days to provide the information and failure to provide the requested information may result in the administrative closure of the complaint.

**TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and sent it to:

Shelby County  
c/o Community Services  
200 W. College Street  
P.O. Box 467  
Columbiana, AL 35051

Please print clearly:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_(home) \_\_\_\_\_(cell)  
\_\_\_\_\_ (message)

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_ race  
\_\_\_\_\_ color  
\_\_\_\_\_ national origin  
\_\_\_\_\_ other \_\_\_\_\_

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances of why you believe you were discriminated against:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

---

---

Please list any and all witnesses' names and phone numbers: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

What type of corrective action would you like to see taken?

---

---

---

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Reginald Holloway, Manager  
c/o Community Services  
200 W. College Street  
P.O. Box 467  
Columbiana, AL 35051  
Email: rholloway@shelbyAL.com

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Date

