

Bay County Council on Aging Complaint Procedure

Any person who believes she or he has been discriminated on the basis of race, color, or national origin by BCCOA may file a complaint by completing and submitting the agency's complaint form.

This form is available in our offices at:

1116 Frankford Avenue,
Panama City, FL 32401

and can be mailed or emailed on request. It is also located on our website at www.baycouncilonaging.org on the "Transportation" page.

Completed forms should be submitted to:

Bay County Council on Aging, Inc.
Attn: Andrea Marsh, Title VI Liaison
1116 Frankford Avenue
Panama City, FL 32401

Fax: (850) 872-2151
Email: andreamarsh41@gmail.com

BCCOA investigates complaints received no more than 180 days after the alleged incident. BCCOA will process complaints that are complete. Once the complaint is received, BCCOA will review it to determine if the information is complete.

If more information is needed to resolve the case, BCCOA may contact the complainant. The complainant has 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 10 business days, BCCOA can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue a written notice to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the information 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 10 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

Bay County Council on Aging Complaint Form

Any person who believes that he, or she, or any specific class of persons has been subjected to discrimination or retaliation prohibited by the Civil Rights Act of 1964, as amended, and related statutes, under BCCOA program of transit service delivery or related services or programs is encouraged to file a report with BCCOA at:

BCCOA
 Bay County Council on Aging, Inc.
 1116 Frankford Avenue
 Panama City, FL 32401
 Phone: (850) 769-3468
 Fax: (850) 872-2151
 Email: andreamarsh41@gmail.com

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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
Section III:		
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		
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.		

