Sacramento Senior Companion Program Title VI Complaint Procedure

As a recipient of federal dollars, The Sacramento County Senior Companion Program is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. The Sacramento County Senior Companion Program has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by The Sacramento County Senior Companion Program may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The Sacramento County Senior Companion Program provides for following procedure for individuals filing a grievance and will not tolerate retaliation of any kind when a grievance or complaint is filed.

The following is the process for filing a grievance:

 For the quickest response please contact our office by phone and ask to have a complaint form mailed to you, or you may download a Complaint form from: http://www.dhhs.saccounty.net/SAS/Pages/Senior-Volunteer-Services/SCP-(Senior-Companions-Program).aspx

> Senior Companion Program Sacramento County PO Box 269131 Sacramento, CA 95826 Phone: 916.875.3622

Fax: 916-875-3799

If a <u>Sacramento Senior Companions</u> staff person was unable to resolve your complaint, when service is partially or totally denied by a <u>Sacramento Senior Companions</u> staff person by phone, then you have a right to submit a grievance or complaint in writing, signed and dated by the grievant/complainant. Such grievance or complaint must be filed within 30 days after the alleged incident.

When can I file a written Complaint? You have a right to submit a written Complaint to a senior level <u>Sacramento Senior Companions</u> official. You have thirty (30) calendar days from your receipt of the written notice of reasons for denial of services. You will receive a written response to your Complaint within 14 calendar days.

DHHS Ombudsman- Sacramento County Department of Health & Human Services (DHHS) Ombudsman is a neutral party who helps to resolve complaints or answer questions about Health & Human Services agency policies or practices. The Ombudsman conducts reviews in an independent and impartial manner to ensure that agency policies or practices are consistent with DHHS goals and missions. The DHHS Ombudsman seeks to resolve issues in a fair, thorough, and timely manner and to ensure that individuals are treated fairly, respectfully, and with dignity.

Who can call the Ombudsman's office?

Anyone can call: children, parents, grandparents, relatives, foster parents, attorneys, physicians, therapists, social workers, teachers, related agencies, or community organizations, etc.

How can I file a complaint with the Office of the Ombudsman?

For the quickest response please contact our office by phone or e-mail. You may also submit a complaint in writing. Simply download the complaint Form http://www.dhhs.saccounty.net/Documents/FM-Formal-Complaint-Form.pdf complete and mail to:

DHHS, Ombudsman Program 7001 A East Parkway Sacramento, CA 95823 Telephone: (916) 875-2000 Fax: (916) 875-1283

E-mail: HHS-Ombudsman@saccounty.net

Civil Rights Coordinator

The purpose of Division 21 Civil Rights Nondiscrimination in State and Federally assisted programs is to ensure that the administration of public assistance and social services programs are nondiscriminatory, and that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age, disability or sexual orientation be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance.

Civil Rights Complaint

State and Federal regulations allow you to file a civil rights complaint directly with the DHHS Civil Rights Coordinator if you believe that you were discriminated against solely because of your: Race, Color, National origin, Religion, Political affiliation, Marital status, Gender, Age, Domestic partnership, Sexual orientation, Ethnic group identification, Disability

How to file a civil rights complaint?

- 1. Contact the DHHS Civil Rights Coordinator @ 916-875-2000
- 2. 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, Attn: Title VI Program Coordinator.