
Non-discrimination ADA and Title VI Complaint Form

MyCIL assures full compliance with the Americans with Disabilities Act (ADA) and Title VI of the Civil Rights Act of 1964, as amended, and its related statutes. No person is excluded from participation in, denied the benefits of its services, or otherwise subjected to discrimination on the grounds of disability, race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that they have been unlawfully discriminated against may file a formal complaint with MyCIL within 180 days following the date of the alleged incident.

Section I: Submission Options and Instructions

The purpose of this form is to assist you in filing a discrimination complaint with MyCIL. For help filling out the form, you may call the telephone number listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. You may also send a complaint by email. We must have a signed copy of your complaint, so if you send your complaint by email, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

Section II: Filing Deadlines

A discrimination complaint must be filed **no later than 180 days** from the date you knew or should have known of the alleged discrimination unless MyCIL extends the time for filing. Complaints sent by mail are filed on the date the complaint was signed unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by email will be filed on the day the complaint is emailed. Complaints filed after the 180-day deadline must include a “good cause” explanation for the delay. For example, you may have “good cause” if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another federal, state, or local agency, and that agency failed to act on your complaint.



We can be **independent** when we do it **together**.

Section III: Processing Timelines

Within 10 days of the date of a reported complaint, MyCIL will send a notice to the complainant confirming receipt. MyCIL will then conduct an investigation. The scope and type of investigation varies depending on several factors. On average, it may take MyCIL 180 days to complete an investigation. If the investigation is not completed within 180 days, you may request a status of the investigation. If MyCIL determines that the complaint is untimely or that its validity cannot be determined, MyCIL may not investigate or close the internal investigation. When MyCIL completes the investigation, we will send a letter with our finding either that there is "no cause" or "reasonable cause" to conclude that the complainant was subject to unlawful discrimination. The letter will also inform the complainant how to file directly with the FTA or other governing bodies.



We can be **independent** when we do it **together**.

Section IV: Demographic Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: (____)-____-____ Alternate Telephone Number: (____)-____-____

Email address (optional): _____

Best Time of the Day to Reach You:

Best Way to Reach You (check one): ☐ Mail ☐ Phone ☐ E-mail ☐ Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? ☐ Yes* ☐ No

**If yes, please provide the following information about your representative:*

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: (____)-____-____

Email address (optional): _____



We can be **independent** when we do it **together**.

Section V: Complainant Relationship

Are you filing this complaint on your own behalf? ☐ Yes* ☐ No

**If you answered "yes" to this question, go to Section V.*

If no, please supply the name and relationship of the person for whom you are filing this complaint:

Name: _____

Relationship: _____

Please explain why you have filed for a third party:

If you are filing on behalf of a third party, please confirm that you have the obtained permission of the aggrieved party or are the guardian of the party:

☐ Yes ☐ No



We can be **independent** when we do it **together**.

Section VI: Complaint Details

I believe that the discrimination I experienced was based on (check all that apply):

☐ Disability Race* ☐ Color* ☐ National Origin* ☐ Other: _____

(*Title VI of the Civil Rights Act of 1964)

When did the discrimination occur? Date ____ / ____ / ____

If the discrimination occurred more than once, please provide the other dates:

Where did the discrimination occur?

Who do you believe discriminated against you?

Name(s) of the person(s) involved in the alleged discrimination (if known):

Please name the program (if known/if applicable):



We can be **independent** when we do it **together**.

Explain what happened and why you believe you were discriminated against as clearly as possible. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

Section VII: Previous Complaints

Have you filed a complaint with our agency?

☐ Yes ☐ No

Section VIII: File Complaint with Other Agencies

Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

☐ Yes ☐ No

If yes, with what agency or court did you file?

When did you file? Date ____/____/____



We can be **independent** when we do it **together**.

Section IX: Remedies

How would you like to see this complaint resolved?

Signature: _____ Date: ____ / ____ / ____

Mail or email* this completed form and any supporting documentation to:

MyCIL/ACES\$
Attn: SVP, Administration and Operations
1142 Sanderson Avenue
Scranton, PA 18509
kbrown@mycil.org

** If emailing, we must have a signed copy of your complaint. Be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.*