



Lower Savannah Council of Governments Best Friend Express and Dial-A-Ride Title VI Complaint Procedure

The Best Friend Express and Dial-A-Ride transit service has established a process for resolving complaints of Title VI discrimination.

Any person who believes he or she has been discriminated against on the basis of race, color or national origin when using transit services from the Best Friend Express or Dial-a-Ride may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The Lower Savannah Council of Governments (LSCOG) investigates complaints received no more than 180 days after the alleged incident. The LSCOG will process complaints that are complete.

Once the complaint is received and date-stamped, the LSCOG will 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 within 10 calendar days of receipt.

The LSCOG has sixty (60) calendar days to investigate the complaint. If more information is needed to resolve the case, the LSCOG will contact the complainant by letter. The complainant has ten (10) business days from the date of the letter to send the requested information to the Title VI investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within the specified number of business days, the LSCOG can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their written complaint submission.

After the investigator completes their review of the full 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 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 thirty (30) days to do so from the time he/she receives the closure letter, or the Letter of Finding. This complaint procedure will be made available to the public on the Best Friend Express website or provided upon request in another format by LSCOG.

Below you will find the Title VI Complaint Form for your convenience. Please fill it out and mail or email it to the address information listed on the form to start the beginning of the complaint process.



Lower Savannah Council of Governments
Title VI Complaint Form

This form is to be completed by any person who believes they have experienced discrimination in regard to race, color or national origin while receiving transportation services. Please submit this complaint immediately, but no later than 180 days, to:

Lower Savannah Council of Governments (LSCOG)
PO Box 850
2748 Wagener Rd
Aiken, SC 29802
803-649-7981
Nora Sanders (nsanders@lscog.org)

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| Section I: |
| Name: |
| Address: |
| Telephone: |
| Email Address: |
| Accessible Formats Needed? Please Circle: Large Print TDD Other: |
| Section II: |
| Are you filing this complaint on your own behalf? Please Circle: YES NO |
| If "Yes," please go to Section III |
| If "No," please enter your name and relationship to 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. Please Circle: YES NO |
| Section III: |
| I believe discrimination was experienced based on: (Please check all that apply) |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin |
| Date of Alleged Discrimination: (month/date/year) |
| Please identify the person or agency involved in the alleged discrimination: |

Section IV:

Please explain as clearly as possible what happened and why you believe you were discriminated against. Please include the names of those involved, or witnesses (if known). If necessary, please use an additional sheet of paper.

Section V:

Have you filed this complaint with any other Federal, State, or Local Agencies, or courts?

If "Yes," please identify the agency and contact information for that agency:

You may attach any written material or other information you think is relevant to your complaint.

X

Signature Above (Required)

Date (required)