

**Health Care Coalition of Lafayette County  
825 S. Business Hwy 13  
Lexington, MO 64067**

**Notifying the Public of Rights under Title VI**

Health Care Coalition of Lafayette County posts Title VI notices on our agency's website, in public areas of our agency, in our board room, and on our buses and/or paratransit vehicles.

Health Care Coalition of Lafayette County operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

**To obtain additional information about your rights under Title VI**, contact Toniann Richard, CEO.

If you believe you have been discriminated against on the basis of race, color, or national origin by Health Care Coalition of Lafayette County, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

**How to file a Title VI complaint with** Health Care Coalition of Lafayette County:

1. To obtain a Complaint Form from Health Care Coalition of Lafayette County, contact Health Care Collaborative of Rural Missouri, 825 S. Business Hwy 13 Lexington, MO 64067.
2. In addition to the complaint process at Health Care Coalition of Lafayette County, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region VII, 901 Locust Street, Suite 404, Kansas City, MO 64106
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

**If information is needed in another language, contact (660)259-2440.**

# **Health Care Coalition of Lafayette County**

## **Title VI Program**

*Approved by HCC Board of Directors  
April 25, 2017*

## **A. Title VI Assurances**

The Health Care Coalition of Lafayette County agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 200d *et seq.*, and with U.S. DOT regulations, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21.

The Health Care Coalition of Lafayette County assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. The Health Care Coalition of Lafayette County further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

The Health Care Coalition of Lafayette County meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding, including the Health Care Coalition of Lafayette County and its third-party contractors by promoting actions that:

- A. Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
- B. Identify and address, as appropriate, disproportionately high and adverse effects of programs and activities on minority populations and low-income populations.
- C. Promote the full and fair participation of all affected Title VI populations in transportation decision making.
- D. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
- E. Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

## **B. Agency Information**

### **1. Mission of Health Care Coalition of Lafayette County**

The Health Care Coalition of Lafayette County (HCC) is a non-profit organization whose mission is to “Cultivate partnerships and deliver quality health care to strengthen rural communities”. The HCC is a rural health network, committed to improving the health status of underserved populations in its service area.

### **2. History (including year started)**

The Health Care Coalition (HCC) of Lafayette County, dba Health Care Collaborative of Rural Missouri is a Missouri-based rural health network and a Federally Qualified Health Center located in Waverly, Missouri and is the umbrella organization for the Live Well Community Health Centers located in Lafayette, Carroll and Eastern Jackson County. HCC is a mature Rural Health Network, formed in 2004, formally incorporated in 2006, and under the direction of the same leadership since 2007.

The HCC was formally established in 2006, following a three-year period of the Network partners informally working together to address area health care needs, specifically to ensure that the health care needs of all citizens in our service area are met, particularly the needs of the under- and uninsured. The focus is to develop and implement programs that are responsive to documented health needs of

county residents, with specific health status indicators as benchmarks for progress on addressing those needs. Since its inception, the HCC has developed into a comprehensive rural health network, with a wide variety of health, social services and community partners that provide health and wellness prevention and treatment programs for all citizens in our service area, and focused on the health care needs of low-income, under- and uninsured residents. The HCC’s strength lies in developing collaborative relationships, utilizing the strengths of individual organizations to develop programs and services that are larger than any one organization.

HCC is a certified Health Home provider by the Missouri Department of Mental Health (DMH), and provide a range of primary care services through this initiative that is targeted to reduce state Medicaid costs. This model, which integrates primary care, behavioral health and dental services has been implemented within the Live Well Community Health Centers. The Health Home model provides an alternative approach to the delivery of care and includes care management and coordination, health promotion, transitional care, patient and family support, referral to community and support services and the use of health information technology to link services. Further, the Live Well Community Health Centers have achieved Level III Patient Centered Medical Home recognition under NCQA.

**3. Regional Profile (regional population; growth projection)**

The Missouri Department of Health and Senior Services 2010-2013 Rural Health Plan identifies transportation as a limiting factor in a community’s ability to address health and quality of life. “Rural communities have limited resources for addressing problems and barriers...transportation problems also limit the ability of rural communities to work together to meet the needs of widely dispersed residents...the most frequently identified barriers were: accessible and affordable public transportation...and depressed economy.” Emergency department (ED) utilization data also reflect high rates when compared to Missouri overall. For example, in the four-county area, for “self pay/no pay” patients, there were 700 visits to the ED for disorders of teeth and jaw; 74 visits for hypertension; and 28 visits for diabetes with complications in 2013-2014. When combined with Medicaid and Medicare, the number of visits climbed to 1,493, 453 and 212 respectively, for more than 2,158 emergency room visits for these three health issues alone.

**4. Population served (in relation to regional population)**

A total of 140,533 people live in the 2,765.74 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2011-2015 5-year estimates. The population density for this area, estimated at 50.81 persons per square mile, is less than the national average population density of 89.61 persons per square mile.

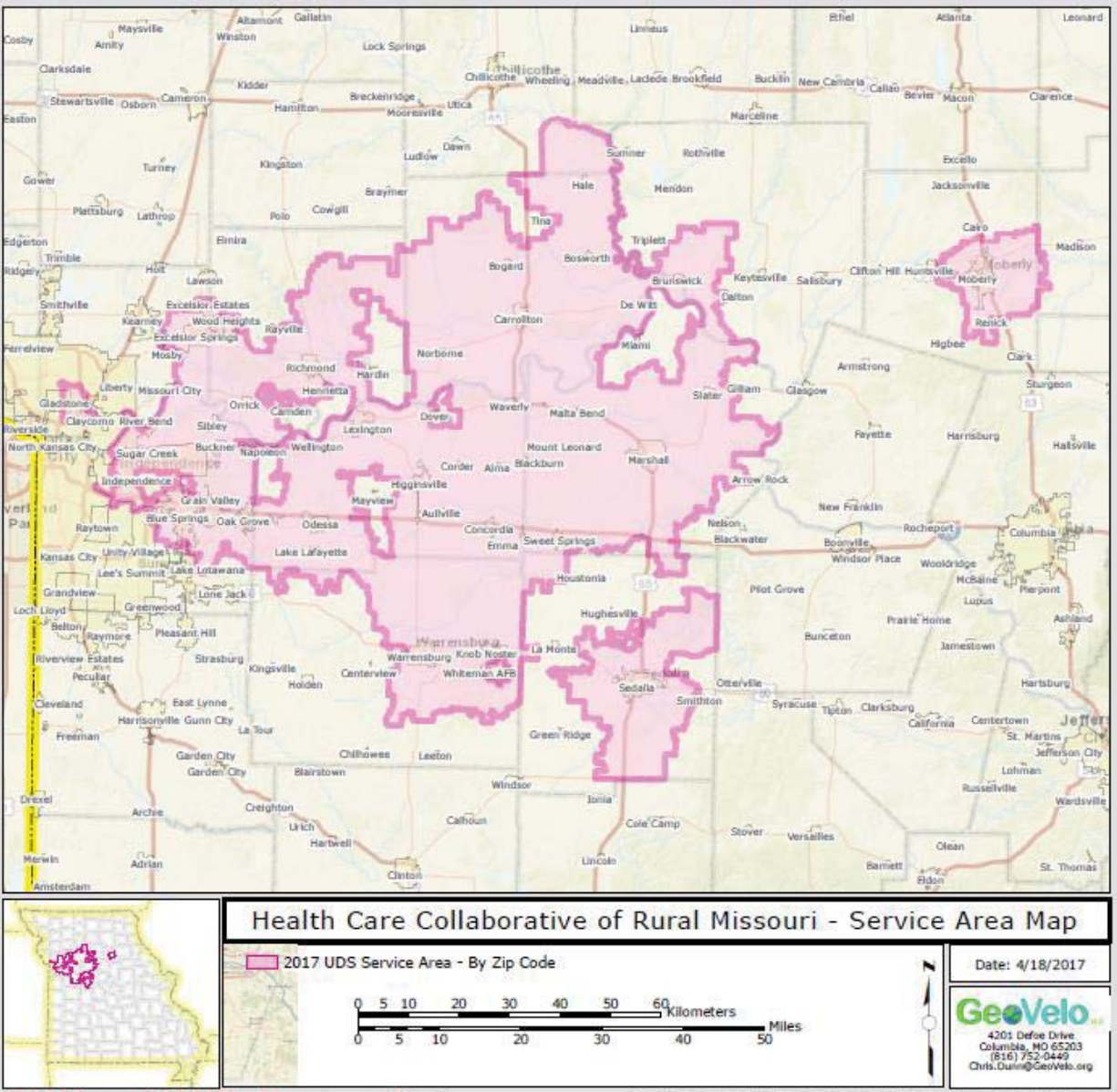
Service Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Service Area	140,533	2,765.74	50.81
Carroll County, MO	9,096	694.62	13.09
Lafayette County, MO	32,916	628.44	52.38
Ray County, MO	23,031	568.81	40.49

Saline County, MO	23,334	755.49	30.89
Fort Osage School District	52,156	118.38	440.58
Missouri	6,045,448	68,746.50	87.94
United States	316,515,021	3,532,070.45	89.61

Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

**5. Service area (include map, with any routes utilized)**

The service area includes:



## **6. Governing body make-up (include terms of office)**

### **Governance**

HCC's Board of Directors is comprised of 9-13 members. The commitment of the Board, management and staff is demonstrated through the progress made toward achieving our goals and objectives as outlined in HCC's Strategic Plan and our sustaining membership.

Membership shall be effective upon acceptance of membership application, receipt of dues and shall continue through the end of the calendar year. Membership shall be renewable annually.

The officers shall be a President, Vice-President, Treasurer, Secretary and Immediate Past President. All officers must be members in good standing of HCC.

The term of office for the President, Vice-President, Secretary and Treasurer is one year. Officers shall serve until their successors are elected and installed.

## **C. Notice to the Public**

### **Notifying the Public of Rights under Title VI**

Health Care Coalition of Lafayette County posts Title VI notices on our website, and available upon request by contacting 660-259-2440.

Health Care Coalition of Lafayette County operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Health Care Coalition of Lafayette County, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

#### **How to file a Title VI complaint with the Health Care Coalition of Lafayette County:**

1. Contact Cathy Wallace, HCC Vice President of Operations; 825 S. Business Hwy 13 Lexington, MO 64067 or call 660-259-2440.
2. In addition to the complaint process at Health Care Coalition of Lafayette County, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, 901 Locust Street, Suite 404, Kansas City, Missouri 64106 or call 816-329-3920.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact the Health Care Coalition of Lafayette County at 660-259-2440.

## D. Procedure for Filing a Title VI Complaint

### Filing a Title VI Complaint

The complaint procedures apply to the beneficiaries of the Health Care Coalition of Lafayette County's programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against on the basis of race, color, or national origin by Health Care Coalition of Lafayette County may file a Title VI complaint by completing and submitting the agency's **Title VI Complaint Form**. Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT: Information on how to file a Title VI complaint is posted on our agency's website, and in public areas of our agency.

You may download the Health Care Coalition of Lafayette County's Title VI Complaint Form at [www.hccnetwork.org](http://www.hccnetwork.org), or request a copy by writing to Health Care Coalition of Lafayette County, 825 S. Business Hwy 13 Lexington, MO 64067. Information on how to file a Title VI complaint may also be obtained by calling the Health Care Coalition of Lafayette County at 660-259-2440.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- Specific, detailed information (how, why and when) about the alleged act of discrimination.
- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to the Health Care Coalition of Lafayette County.

COMPLAINT ACCEPTANCE: The Health Care Coalition of Lafayette County will process complaints that are complete. Once a completed Title VI Complaint Form is received, Health Care Coalition of Lafayette County will review it to determine if Health Care Coalition of Lafayette County has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by Health Care Coalition of Lafayette County.

INVESTIGATIONS: Health Care Coalition of Lafayette County will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Health Care Coalition of Lafayette County may contact the complainant. Unless a longer period is specified by Health Care Coalition of Lafayette County, the complainant will have ten (10) days from the date of the letter to send requested information to the Health Care Coalition of Lafayette County.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be closed if the complainant no longer wishes to pursue the case.



**LETTERS OF CLOSURE OR FINDING:** After Health Care Coalition of Lafayette County reviews the complaint, Health Care Coalition of Lafayette County will issue one of two letters to the complainant: a closure letter or letter of finding (LOF).

- A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.

- A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with Health Care Coalition of Lafayette County’s determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Health Care Coalition of Lafayette County will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Health Care Coalition of Lafayette County will issue a determination letter to the complainant upon completion of the reconsideration review.

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

If information is needed in another language, contact Health Care Coalition of Lafayette County, 825 S. Business Hwy 13 Lexington, MO 64067 or by calling 660-259-2440.

**E. Monitoring Title VI Complaints, Investigations, Lawsuits and Documenting Evidence of Agency Staff Title VI Training**

**Documenting Title VI Complaints/Investigations**

All Title VI complaints will be entered and tracked in Health Care Coalition of Lafayette County’s complaint log. Active investigations will be monitored for timely response on the part of all parties. Association staff shall maintain the log.

**Agency Title VI Complaint Log**

Date complaint filed	Complainant	Basis of complaint R-C-NO	Summary of allegation	Pending status of complaint	Actions taken	Closure Letter (CL)	Letter of Finding (LOF)	Date of CL or LOF

**Documenting Evidence of Agency Staff Title VI Training**

Health Care Coalition of Lafayette County's staff are given Title VI training, and agency can answer affirmatively to all the following questions:

1. Are new employees made aware of Title VI responsibilities pertaining to their specific duties?
2. Do new employees receive this information via employee orientation?
3. Is Title VI information provided to all employees and program applicants?
4. Is Title VI information prominently displayed in the agency and on any program materials distributed, as necessary?

## **F. Public Engagement Plan**

### **Goal**

The goal of the Public Engagement Plan is to have significant and ongoing public involvement, by all identified audiences, in the public participation process for major agency outreach efforts.

### **Objectives**

- To understand the service area demographics and determine what non-English languages and other cultural barriers exist to public participation.
- To provide general notification of meetings and forums for public input, in a manner that is understandable to all populations in the area.
- To hold public meetings in locations that are accessible to all area stakeholders, including but not limited to minority and low income members of the community.
- To provide methods for two-way communication and information and input from populations which are less likely to attend meetings.
- To convey the information in various formats to reach all key stakeholder groups.

### **Identification of Stakeholders**

Stakeholders are those who are either directly or indirectly affected by an outreach effort, system or service plan or recommendations of that plan. Stakeholders include but are not limited to the following:

- Board of Directors – the governing board of the agency. The role of the Board is to establish policy and legislative direction for the agency. The Board defines the agency's mission, establishes goals, and approves then budget to accomplish the goals.
- Advisory Bodies – non-elected advisory bodies review current and proposed activities of the agency, and are encouraged to be active in the agency's public engagement process. Advisory bodies provide insight and feedback to the agency.
- Agency transit riders and clients
- Minority and low income populations, including limited English proficient persons
- Community health centers
- Medical providers
- Local jurisdictions and other government stakeholders
- Private businesses and organizations
- Employers
- Partner agencies

### **Elements of the Public Engagement Plan**

**1. Public Notice**

- a. Official notification of intent to provide opportunity for members of the general public to participate in public engagement plan development, including participation in open Board/council meetings, and advisory committees.

**2. Public Engagement Process/Outreach Efforts:**

- a. Public meetings
- b. Rider outreach
- c. Focus groups
- d. Surveys
- e. Services for the Disabled (Notices of opportunities for public involvement include contact information for people needing these or other special accommodations.)

Events such as public meetings are held at partnering organizations and other non-profit locations easily accessible to public transit and compliant with the Americans with Disabilities Act.

**3. Public Comment**

- a. Formal public comment periods are used to solicit comments on major public involvement efforts around an agency service or system change.
- b. Comments are accepted through various means:
  - i. Dedicated email address.
  - ii. Website.
  - iii. Regular mail.
  - iv. Phone calls to the Health Care Coalition of Lafayette County at 573-632-2700.

**4. Response to Public Input**

All public comments are provided to the Board of Directors prior to decision making. A publicly available summary report is compiled, including all individual comments.

**Title VI Outreach Best Practices**

Health Care Coalition of Lafayette County ensures all outreach strategies, communications and public involvement efforts comply with Title VI. Health Care Coalition of Lafayette County’s Public Engagement Plan proactively initiates the public involvement process and makes concerted efforts to involve members of all social, economic, and ethnic groups in the public involvement process. Aligned with the above referenced communication tactics, Health Care Coalition of Lafayette County provides the following:

- a. Title VI non-discrimination notice on agency’s website.
- b. Communication materials in languages other than English (subject to Safe Harbor parameters) supplied through partner organizations.
- c. Services for Limited English Proficient persons via community partners. Upon advance notice, translators may be provided.

**2015 – 2018 Title VI Program Public Engagement Process**

Health Care Coalition of Lafayette County conducted a Public Engagement Process for the 2015-2018 Title VI Program. This process includes Community Meetings to seek input, provide education, and

highlight key components of the Title VI Plan. Materials have been created to explain Title VI policies as well as provide education on how they relate to minority populations.

Health Care Coalition of Lafayette County provided briefings to the Health Care Coalition of Lafayette County Board of Directors.

Health Care Coalition of Lafayette County will conduct a 30-day public comment period to provide opportunities for feedback on the 2015-2018 Title VI Program.

Comments will be accepted during the public outreach period via:

- a. Email
- b. Mail
- c. Phone
- d. In person
- e. Survey tool (as needed)

## **G. Language Assistance Plan**

### **Health Care Coalition of Lafayette County Limited English Proficiency Plan**

This limited English Proficiency (LEP) Plan has been prepared to address Health Care Coalition of Lafayette County's responsibilities as a recipient of federal financial assistance as they relate to the needs of individuals with limited language skills. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964; Federal Transit Administration Circular 4702.1B, dated October 1, 2012, which states that the level and quality of transportation service is provided without regard to race, color, or national origin.

Executive order 13166, titled "Improving Access to Services for Persons with Limited English Proficiency," indicates that differing treatment based upon a person's inability to speak, read, write or understand English is a type of national origin discrimination. It directs each federal agency to publish guidance for its respective recipients clarifying their obligation to ensure that such discriminations do not take place. This order applies to all state and local agencies which receive federal funds.

#### **Service Area Description:**

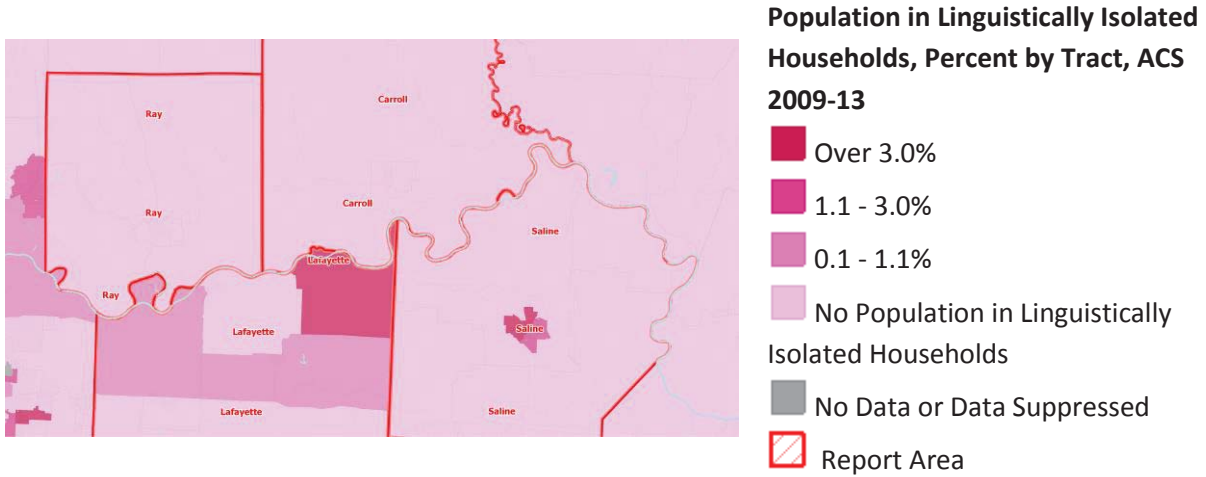
Health Care Coalition of Lafayette County encompasses the rural areas of the entire state of Missouri. For purposes of this policy, services are targeted at the five-county region in west central Missouri that encompasses the following counties in Missouri: Lafayette, Saline, Carroll, Ray and Eastern Jackson County

Health Care Coalition of Lafayette County has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provided by Health Care Coalition of Lafayette County. As defined in Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, and the ways in which assistance may be provided.

In order to prepare this plan, Health Care Coalition of Lafayette County undertook the **four-factor LEP analysis** which considers the following factors:

## Four Factor Analysis

1. The number and proportion of LEP persons eligible to be served or likely to be encountered in the service area: A significant majority of people in the Health Care Coalition of Lafayette County HealthTran service area are proficient in the English language. Based on US Census Bureau, American Community Survey, 2011-2015 data, [1.11%] of the population five years of age and older speak English “less than very well” – a definition of limited English proficiency.



2. Frequency of Contact by LEP Persons with Health Care Coalition of Lafayette County’s Services: Health Care Coalition of Lafayette County reviewed the frequency with which staff and community partners have, or could have, contact with LEP persons. To date, Health Care Coalition of Lafayette County has had no requests for an interpreter. Health Care Coalition of Lafayette County currently averages 250-300 phone calls relating to transportation assistance per month.

### LEP Staff Survey Form

Health Care Coalition of Lafayette County is studying the language assistance needs of its riders so that we can better communicate with them if needed.

1. How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them?  
DAILY WEEKLY MONTHLY LESS THAN MONTHLY
2. What languages do these passengers speak?
3. What languages (other than English) do you understand or speak?
4. Would you be willing to serve as a translator when needed?

Frequency of Contact with LEP Persons	
Frequency	Language Spoken by LEP Persons
Daily	

Weekly	
Monthly	
Less frequently than monthly	

3. The importance of programs, activities or services provided by Health Care Coalition of Lafayette County to LEP persons:

Outreach activities, summarized in Health Care Coalition of Lafayette County’s Title VI Public Engagement Plan, include events such as public meetings and/or open houses held at schools, churches, libraries and other non-profit locations, and include specific outreach to LEP persons to gain understanding of the needs of the LEP population, and the manner (if at all) needs are addressed.

Outside Organization LEP Survey

Organization: \_\_\_\_\_

1. What language assistance needs are encountered?
2. What languages are spoken by persons with language assistance needs?
3. What language assistance efforts are you undertaking to assist persons with language assistance needs?
4. When necessary, can we use these services?

4. The resources available to Health Care Coalition of Lafayette County and overall cost to provide LEP assistance:

Strategies for Engaging Individuals with Limited English Proficiency include:

1. Language line. Upon advance notice, translators can be provided through HCC transportation and medical partners.
2. Written translations of vital documents (identified via safe harbor provision) through HCC transportation and medical partners.
3. One-on-one assistance through outreach efforts through HCC transportation and medical partners.
4. To the extent feasible, assign bilingual staff for community events, public hearings and Board of Directors meetings and on the customer service phone lines through HCC transportation and medical partners.

*As applicable:* Based on our demographic analysis Health Care Coalition of Lafayette County has determined that no language group(s) within its service area meets Safe Harbor criteria requiring written translated “vital documents” by language group(s).

Health Care Coalition of Lafayette County will provide assistance and direction to LEP persons who request assistance.

**Staff LEP Training**

The following training will be provided to Health Care Coalition of Lafayette County staff:

1. Information on Health Care Coalition of Lafayette County Title VI Procedures and LEP responsibilities.

2. Description of language assistance services offered to the public.
4. Documentation of language assistance requests.

**Monitoring and Updating the LEP Plan**

The LEP Plan is a component of Health Care Coalition of Lafayette County’s Title VI Plan requirement. Health Care Coalition of Lafayette County will update the LEP plan as required. At minimum, the plan will be reviewed and updated when it is clear that higher concentrations of LEP individuals are present in the Health Care Coalition of Lafayette County service area. Updates include the following:

1. How the needs of LEP persons have been addressed.
2. Determine the current LEP population in the service area.
3. Determine as to whether the need for, and/or extent of, translation services has changed.
4. Determine whether local language assistance programs have been effective and sufficient to meet the needs.
5. Determine whether Health Care Coalition of Lafayette County's financial resources are sufficient to fund language assistance resources as needed.
6. Determine whether Health Care Coalition of Lafayette County has fully complied with the goals of this LEP Plan.
7. Determine whether complaints have been received concerning Health Care Coalition of Lafayette County’s failure to meet the needs of LEP individual.

**H. Advisory Bodies**

Health Care Coalition of Lafayette County’s only advisory body is the Board of Directors.

**Table Depicting Membership of Committees, Councils, By Race**

<b>Committee</b>	<b>Caucasian</b>	<b>Latino</b>	<b>African American</b>	<b>Asian American</b>		<b>Total</b>
Board of Directors	9					100%

**Description of efforts made to encourage minority participation on committees:**

The Health Care Coalition of Lafayette County makes every effort to have diverse representation on the board of directors. Much of the representation is dictated by interest, election and geographic location.

**I. Subrecipient Assistance**

**Subrecipient Assistance**

Health Care Coalition of Lafayette County does not have any subrecipients.

**J. Subrecipient Monitoring**

**Subrecipient Monitoring**

Health Care Coalition of Lafayette County does not have any subrecipients.

**K. Equity Analysis of Facilities**

Health Care Coalition of Lafayette County has not constructed any storage facilities, maintenance facilities, or operations centers in the last three years and has no intention of constructing such facilities.

**L. System-Wide Service Standards and Policies\***

Not applicable. Health Care Coalition of Lafayette County is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

**M. Requirement to Collect and Report Demographic Data\***

Not applicable. Health Care Coalition of Lafayette County is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

**N. Requirement to Monitor Transit Service\***

Not applicable. Health Care Coalition of Lafayette County is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

**O. Service and Fare Equity Analysis\***

Not applicable. Health Care Coalition of Lafayette County is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

**HEALTH CARE COALITION OF LAFAYETTE COUNTY TITLE VI COMPLAINT FORM**

“No person in the United States shall, on the basis 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 that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:  
Health Care Coalition of Lafayette County  
C825 S. Business Hwy 13, Lexington, MO 64067  
Amoriah.blackston@hccnetwork.org or call 660-259-2440.



**PLEASE PRINT**

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home ( ) or Cell ( ) ( ) -		Work ( ) -
d. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
2. Accessible Format of Form Needed? ( ) YES specify: _____ ( ) NO		
3. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7. ( ) NO If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip code:
d. Telephone (include area code): Home ( ) or Cell ( ) ( ) -		Work ( ) -
e. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ( ) YES, I have permission. ( ) NO, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply): ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI) ( ) Other (please specify)		
8. Date of Alleged Discrimination (Month, Day, Year):		
9. Where did the Alleged Discrimination take place?		

<p>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p>11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i></p>		
<p>12. What type of corrective action would you like to see taken?</p>		
<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO</p> <p>a. ( ) Federal Agency (List agency's name)</p> <p>b. ( ) Federal Court (Please provide location)</p> <p>c. ( ) State Court</p> <p>d. ( ) State Agency (Specify Agency)</p> <p>e. ( ) County Court (Specify Court and County)</p> <p>f. ( ) Local Agency (Specify Agency)</p>		
<p>14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.</p> <p>Name: _____ Title: _____</p>		
Agency: _____	Telephone: ( ) _____	-
Address: _____		
City: _____	State: _____	Zip Code: _____

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

Signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you completed Questions 4, 5 and 6, your signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Title VI Self-Survey Form**  
Date filed with MoDOT Transit Section:

\_\_\_\_\_  
**DATE**

Survey Date:

Period Covered:

Name of Program/Grant:

- A. Summary of Complaints:
- B. Number of complaints for the period:
- C. Number of complaints voluntarily resolved:
- D. Number complaints currently unresolved:
- E. Attach a summary of any type of complaint and provide:
  - Name of complainant
  - Race
  - Allegation
  - Findings
  - Corrective Action
  - Identify any policy/procedure changes made as a result of the complaint.
  - Provide the date history (date complaint received through resolution)

**Distribution of Title VI Information**

- 1. Are new employees made aware of the Title VI responsibilities pertaining to their specific duties?  
YES  NO
- 2. Do new employees receive this information via employee orientation?  
YES  NO
- 3. Is Title VI information provided to all employees and program applicants?  
YES  NO
- 4. Is Title VI information prominently displayed in the organization and on relevant program materials?  
YES  NO
- 5. Identify any improvements you have implemented since the last self-survey to support Title VI communication to employees and program applicants.
- 6. Identify any improvements you plan to implement before the next self-survey to support Title VI communication to employees and program applicants.
- 7. Identify any problems encountered with Title VI compliance, and discuss possible remedies.

Signature: \_\_\_\_\_, Title: \_\_\_\_\_, Date: \_\_\_\_\_