



Cattaraugus Rehabilitation Center, Inc.

NYSARC, Inc., Cattaraugus Niagara Counties Chapter

# Title VI Program

(Revised 2021)

Submitted to:

New York State Department of Transportation  
Public Transportation Bureau  
50 Wolf Road  
Albany, NY 12232



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**Cattaraugus Rehabilitation Center, Inc.**  
(Hereinafter, Intandem)

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**Introduction/Framework for Ethical Behavior**

As an organization dedicated to supporting people, Intandem recognizes the inherent value of all people and we will adhere to the following values-based principles in all our interactions with others, both inside our organization and in the community. The principles guide our decisions and actions and enable us to evaluate their impact on the common good in the context of our mission.

- **Values:** We are a values-based organization and we operate within these values:
  - Teamwork
  - Respect
  - Accountability
  - Courtesy
  - Kindness
  
- **Advocacy:** We will seek every opportunity to advocate for the agency's mission among peers, colleagues, natural supports and in the larger community to increase awareness and understanding of our work and sensitivity to the needs of those we support.
  
- **People Centered:** We recognize that the people we support are the "heart" of our mission and our staff are the "hands" that enable us to fulfill it. Accordingly, we treat both with the utmost consideration.
  
- **Regulatory Compliance:** We will comply with all federal, state and local laws and regulations applicable to the agency in its capacities as a not-for-profit corporation, as an employer, and as a licensed and certified New York State service provider.
  
- **Protection and Promotion of Rights:** We will perform our duties for all people entrusted to our care with astute regard for individual rights, personal preferences and decision-making prerogatives and where consistent with agency support their right to informed risk in a safe manner.
  
- **Health and Safety:** We will maintain safe and healthy environments for the people we support and staff with concern for their physical and emotional well-being. We will promote education and activities that contribute to healthy lifestyles.



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**Statement of Rights**

All persons supported by Intandem are entitled to the rights and freedoms as defined in the Constitution Bill of Rights and the Universal Declaration of Human Rights.

The Agency believes in the fundamental human rights, in the dignity and worth of people and in equal rights for all persons.

The Agency is committed to the protection and promotion of, respect for and observance of rights and freedoms.

All persons shall be given the respect and dignity that is extended to others regardless of race, religion, national origin, creed, age, gender, gender expression, ethnic background, sexual orientation, developmental disability or other health condition. In addition, there shall be no discrimination for these or any other reasons.

For more information regarding rights and nondiscrimination, please contact:

Cattaraugus Quality Management  
716-375-4747 ext. 1500

Niagara Quality Management  
716-504-2622 ext. 2222

The Statement of Rights and a List of Individual Rights are provided to individuals, parents, guardians and correspondents upon admission to a program and annually thereafter. Agency staff are trained on the Statement of Rights and Rights Restrictions at new hire training and through annual refreshers.

A Civil Rights Notice describing nondiscrimination and contact information is posted in FTA funded vehicles (See attachment 1).

**Notice to the Public of Non-Discrimination Obligations and Complaint and Grievance Process**

Intandem notifies the public of its Non-Discrimination obligations through its website, [www.intandem.org](http://www.intandem.org).

Any person who believes that they have been subjected to unlawful discrimination (denied the benefits of, access to, or participation in the programs, activities, supports and services of the Agency) based on race, religion, creed, age, color, national origin, gender, gender expression, sexual orientation, disability, income or limited English proficiency in programs, activities, supports and service of the Agency may file a complaint and begin the grievance process. The Agency has a standard form and procedure for filing and processing complaints (See attachment 2).



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**Transportation Related Title VI Complaints, Investigations, or Lawsuits**

Complaints, investigations, or lawsuits alleging discrimination on the basis of race, color, and/or national origin with respect to transit related activities and programs available through the Agency are addressed as appropriate.

A complaint log is used for complaints that are reported (See attachment 3). Complaints are reported to NYSDOT on a semi-annual basis.

**Public Participation Plan**

As an Agency that provides daily transportation service through a “closed door service” to people who are aging, people with intellectual/developmental disabilities, people with behavioral health challenges, and people with physical disabilities, we do minimal public outreach to engage minorities and limited English proficient populations.

We recognize that collaboration and coordination is important and as such we participate in the “Community Transportation Coalition of Cattaraugus County” and the “Coordinated Human Services Transportation Plan Erie & Niagara Counties”. We also partner and encourage use of the City of Olean Area Transit System (OATS).

The groups organize and plan public outreach to address the transportation concerns in the respective counties.

**Limited English Proficiency (LEP) Plan**

The transportation service provided by our Agency is a “closed door service” to people who are aging, people with intellectual/developmental disabilities, people with behavioral health challenges, and people with physical disabilities. The most recent American Community Survey indicates that a small percentage of the entire population in Cattaraugus and Niagara Counties is LEP. Although this translates to a very small number of LEP individuals that we support or could support, our Agency takes steps to ensure meaningful access to the supports, programs and activities for individuals who are LEP. We have a procedure that explains our process to ensure access to services for LEP. We also have a language interpreter on contract to assist individuals when needed.

**Minority Representation on Advisory Councils**

Our Agency does not have an advisory council therefore we do not select membership.

**Transportation Service Equity Analysis**

This is not required for our Agency.



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(Attachment 1)

## **CIVIL RIGHTS STATEMENT**

Intandem is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, denied the benefits of, or be subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964.

To request additional information about Title VI, or if you believe you were subject to discrimination and would like to submit a written complaint, you may contact:

Cattaraugus Quality Management

716-375-4747 ext. 1500

Niagara Quality Management

716-504-2622 ext. 2222



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(Attachment 2)

**Procedure Name:    Discrimination Complaint Procedure - Transportation**

**Purpose:** To describe the process of filing and processing complaints of discrimination.

**Detailed Procedure(s):**

Any person who believes that they have been subjected to unlawful discrimination (denied the benefits of access to, or participation in the programs, activities, supports and services of the Agency) based on race, religion, creed, age, color, national origin, gender, gender expression, sexual orientation, disability, income or limited English proficiency in programs, activities, supports and services of the Agency may file a complaint.

**Complaint Process:**

- A formal complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
- Complaints must be filed utilizing the complaint form (see attached form).
- The form is to be completed in its entirety and must include the complainant(s) name, address and telephone number. It must include a detailed description of the issues including names and job titles, date and time of day of the issue, location of the issue and contact information of any witnesses.
- Complaint forms must be signed by the person(s) or their representative.
- Complaint forms are to be submitted to the Quality Management Department:

Quality Management  
1439 Buffalo Street  
Olean, NY 14760  
716-375-4730 extension 1500  
[Qualitymgt@intandem.org](mailto:Qualitymgt@intandem.org)

**Investigative Process:**

- The Quality Management Department (QM) will notify the complainant, in writing, within ten (10) days of receipt of the complaint.
- QM will review each complaint, and when necessary, begin the investigative process.
- All complaints will be investigated promptly. QM will take all reasonable measures to maintain confidentiality.
- The investigation will be completed within thirty (30) days.
- Upon completion of the investigation, if a violation is found to exist, remedial steps as appropriate and necessary will be taken immediately.
- The complainant will receive a final investigative report.
- The investigative process and final report should take no longer than ninety (90) days.



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**Appeal Process:**

If no violation is found and the complainant wishes to appeal the decision, he or she may contact:

The Federal Transit Administration Office of Civil Rights  
Attention Title VI Program Coordinator  
East Building  
5<sup>th</sup> Floor – TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590



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**Complaint of Discrimination Form**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Basis of Complaint

<input type="checkbox"/> Race	<input type="checkbox"/> Color
<input type="checkbox"/> Religion	<input type="checkbox"/> Creed
<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Gender	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Disability (ADA)
<input type="checkbox"/> Low Income	<input type="checkbox"/> Limited English Proficiency

Who allegedly discriminated against you?

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If an organization, what is its name?

Name of Organization \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_  
 Name of Contact \_\_\_\_\_

How were you discriminated against?

\_\_\_\_\_  
 \_\_\_\_\_

Where did the alleged discrimination occur?

\_\_\_\_\_  
 \_\_\_\_\_

Dates and times discrimination occurred?

First time \_\_\_\_\_  
 Second time \_\_\_\_\_  
 Third time \_\_\_\_\_





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Were there any other witnesses to the discrimination?

Name	Title	Work telephone	Home telephone

What can the Department do to resolve the complaint?

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Have you filed a complaint with anyone else?

Who \_\_\_\_\_  
 When \_\_\_\_\_  
 Complaint number, if known \_\_\_\_\_

Do you have an Attorney in this matter?

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 When did you acquire \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail to:                   Quality Management  
                               1439 Buffalo Street  
                               Olean, NY 14760

or Email to:            [Qualitymgt@intandem.org](mailto:Qualitymgt@intandem.org)



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(Attachment 3)

**Procedure Name:    Discrimination Complaint Log Procedure - Transportation**

**Purpose:**

To describe the process for logging and reporting complaints of discrimination.

**Detailed Procedure(s):**

Sub recipients awarded Federal grants through NYSDOT must provide a list of Title VI complaints, investigations or lawsuits to NYSDOT semi-annually.

A log is maintained that gathers the following information:

- Date
- Type of complaint
- Summary
- Status
- Actions Taken

The information is gathered is reported to NYSDOT semi-annually on the 5310 semi-annual report.

**Title VI Complaint Log and Summary Report**

Date	Type of Complaint	Summary	Status	Actions Taken
<b>Complaints:</b>				
<b>Investigations:</b>				
<b>Lawsuits:</b>				