



Beacon College Transportation
Title VI Grievance Procedure and Title VI Complaint Form

Any person who believes they have been discriminated against based on race, color, or national origin by Beacon College Transportation may file a Title VI complaint by completing and submitting the Title VI Complaint Form, starting on page two (2) of this document. Beacon College Transportation investigates complaints received no more than 180 days after the alleged incident. Beacon College Transportation will process complaints that are complete.

Once the complaint is received, Beacon College Transportation will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgment letter informing them whether the complaint will be investigated by our office.

Beacon College Transportation has 90 days to investigate the complaint. If more information is needed to resolve the case, Beacon College Transportation may contact the complainant. The complainant has 10 business days from the date of the letter to send the requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, Beacon College Transportation can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, they 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 that 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, they have seven days to do so from the time they receive the closure letter or the LOF.

Title VI Complaint Form

Section I: Complainant Information

Name:	Address:
Telephone Number:	Email Address:

Section 2: Filing Individual Information

Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes (if you answered yes, go to section 3) <input type="checkbox"/> No (if you answered no, complete this Section 2)	
Have you obtained the permission of the aggrieved party if you are filing on behalf of a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain why you have filed for a third party:	
Name:	Relationship to Complainant:

Section 3: Grievance Information

What is the reported discrimination based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year):
Explain as clearly and with as much detail as possible what happened and why you believe you discriminated against:
Describe all individuals who were involved. Include the name and contact information of the person(s) who discriminated against you (if known):
Describe all persons who were witnesses. Include the name and contact information of the witness(s):
Include any other information that would assist us in our investigation of the allegations:
Do you have any documentation that is relevant to this complaint? <input type="checkbox"/> Yes (if you answered yes, attach documentation to this form) <input type="checkbox"/> No

Section 4: Other Reporting Information

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes (if yes, please select all applicable options below) <input type="checkbox"/> No	
If you have filed a complaint with any other Federal, State, or local agency, or with any Federal or State court, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency	
Information for a contact person at the agency/court where the complaint was filed:	
Name:	Title:
Agency:	Address:
Telephone:	Email Address:

Section 5: Agency Named in Complaint

Name of the agency the complaint is against:	
Contact Person:	Title:
Telephone:	Email Address:

Section 6: Accommodation Information

Do you have an accessible format requirement? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other (please provide information below)
If you answered "other" above, please provide additional information:

Section 7: Complaint Signature

Signature:	Date:
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Note: You may attach any written materials or other information that is relevant to your complaint.

Submit your completed form to:

Eric Johnston
Director of Transportation
Beacon College
105 E Main St. Leesburg, FL. 34748
Phone: 352-638-9784
Email: ejohnston@beaconcollege.edu