

**ST. LOUIS SOCIETY FOR THE BLIND AND VISUALLY IMPAIRED**  
**TITLE VI Notice to the Public Information**

October 2024

## **Notice to the Public**

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

Upon request, this notice will be provided in a digital format, large print, Braille, or in other languages.

St. Louis Society for the Blind and Visually Impaired 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.

### **Your Rights Against Discrimination under Title VI of the Civil Rights Act of 1964**

**St. Louis Society for the Blind and Visually Impaired operates its programs and services without regard to race, color, national origin, sex, age, and disability. Anyone who believes they have been excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any St. Louis Society for the Blind and Visually Impaired program or activity because of their race, color, national origin, age, sex, or disability may file a discrimination complaint with St. Louis Society for the Blind and Visually Impaired or the Missouri Department of Transportation.**

For more information on the St. Louis Society for the Blind and Visually Impaired's Title VI program, and the procedures to file a complaint, contact St. Louis Society for the Blind and Visually Impaired at (314) 968-9000; [smertzlufft@sbsvi.org](mailto:smertzlufft@sbsvi.org); or visit our administrative office at 8770 Manchester Road, St. Louis, MO, 63144. For more information visit [www.sbsvi.org](http://www.sbsvi.org).

If you believe you have been discriminated against on the basis of race, color, or national origin by St. Louis Society for the Blind and Visually Impaired, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

To obtain additional information about your rights under Title VI, contact: Sharon Mertzlufft, President and C.E.O., at (314) 968-9000 or [smertzlufft@sbsvi.org](mailto:smertzlufft@sbsvi.org).

### **How to file a Title VI/ADA complaint with St. Louis Society for the Blind and Visually Impaired:**

1. Contact St. Louis Society for the Blind and Visually Impaired at (314) 968-9000 for a complaint form or access the form on the agency website: [www.sbsvi.org](http://www.sbsvi.org).
2. In addition to the complaint process at St. Louis Society for the Blind and Visually Impaired, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, East Building, 5th Floor – TCR 1200 New Jersey Ave., SE Washington, DC 20590.
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, dated and include your contact information.

If information is needed in another language, contact Sharon Mertzlufft, President and C.E.O. at (314) 968-9000 or [smertzlufft@sbsvi.org](mailto:smertzlufft@sbsvi.org).

## **Procedure for Filing a Title VI Complaint**

The complaint procedures apply to the beneficiaries of St. Louis Society of the Blind and Visually Impaired'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 St. Louis Society for the Blind and Visually Impaired 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 St. Louis Society for the Blind and Visually Impaired Title VI Complaint Form at [www.slsbvi.org](http://www.slsbvi.org), or request a copy by writing to 8770 Manchester Road, St. Louis, MO, 63144. Information on how to file a Title VI complaint may also be obtained by calling Sharon Mertzlufft, President and C.E.O., at (314) 968-9000 or [smertzlufft@slsbvi.org](mailto:smertzlufft@slsbvi.org).

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 Sharon Mertzlufft, President and C.E.O., St. Louis Society for the Blind and Visually Impaired, 8770 Manchester Road, St. Louis, MO, 63144.

**COMPLAINT ACCEPTANCE:** St. Louis Society for the Blind and Visually Impaired will process complaints that are complete. Once a completed Title VI Complaint Form is received, St. Louis Society for the Blind and Visually Impaired will review it to determine if St. Louis Society for the Blind and Visually Impaired has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by St. Louis Society for the Blind and Visually Impaired.

**INVESTIGATIONS:** St. Louis Society for the Blind and Visually Impaired will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, St. Louis Society for the Blind and Visually Impaired may contact the complainant. Unless a longer period is specified by St. Louis Society for the Blind and Visually Impaired, the complainant will have ten (10) days from the date of the letter to send requested information to the St. Louis Society for the Blind and Visually Impaired investigator assigned to the case.

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

LETTERS OF CLOSURE OR FINDING: After the Title VI investigator reviews the complaint, the Title VI investigator 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 St. Louis Society for the Blind and Visually Impaired'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. St. Louis Society for the Blind and Visually Impaired 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, St. Louis Society for the Blind and Visually Impaired 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, East Building, 5th Floor - TCR 1200 New Jersey Avenue SE, Washington, DC 20590; or the Missouri Department of Transportation, 105 W. Capitol Avenue, Jefferson City, MO 65102, 1-888-831-6277.

If information is needed in another language, contact Sharon Mertzlufft, President and C.E.O., at 8770 Manchester Road, St. Louis, MO, 63144, or at (314) 968-9000.

**ST. LOUIS SOCIETY FOR THE BLIND AND VISUALLY IMPAIRED**

**TITLE VI/ADA 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:**  
Sharon Mertzlufft, President and C.E.O.  
St. Louis Society for the Blind and Visually Impaired  
8770 Manchester Road  
St. Louis, MO 63144

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) ( ) Disability (class protected by ADA) ( ) Other (please specify)

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8. Date of Alleged Discrimination (Month, Day, Year):	
9. Where did the Alleged Discrimination take place?	
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>	
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>	
12. What type of corrective action would you like to see taken?	
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 a. ( ) Federal Agency (List agency's name) b. ( ) Federal Court (Please provide location) c. ( ) State Court d. ( ) State Agency (Specify Agency) e. ( ) County Court (Specify Court and County) f. ( ) Local Agency (Specify Agency)	
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	Title:
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 are required:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

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

\_\_\_\_\_

\_\_\_\_\_

Signature

Date