

Notice of Nondiscrimination

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY

Allied Services Foundation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity). Allied Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allied Services Foundation

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters
- Provides written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Judy Oprisko, Vice President Human Resources/Compliance Officer at 570-348-1348.

If you believe that Allied Services Foundation has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you may file a grievance with:

Judy Oprisko, Vice President/Compliance Officer
Allied Services Foundation
100 Abington Executive Park – Clarks Summit, PA 18411
Phone: 570-348-1208 Fax: 570-340-6483 Email: jopris@allied-services.org

You may file a grievance in person or by mail, fax or e-mail. If you need help filing a grievance, Judy Oprisko, Vice President/Compliance Officer, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

For transit-related civil rights complaints, you may file a civil rights complaint with The Federal Transit Administration

Office of Civil Rights:
1200 New Jersey Avenue SE
Washington, DC 20590

Appendix 2 - Complaint Procedure

Allied Services Foundation's Complaint Procedure is made available in the following locations:

- ✓ Agency website: <https://www.allied-services.org/>
 - ✓ Agency office: Allied Services Foundation, 100 Abington Executive Park, Clarks Summit, PA
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Any person who believes they have been discriminated against on the basis of race, color, national origin⁴, disability, sex, age, religion, income status or limited English proficient (LEP) by **Allied Services Foundation** may file a complaint by completing and submitting **Allied Services Foundation's** Complaint Form.

The Complaint Form may also be used to submit general complaints to **Allied Services Foundation**.

Allied Services Foundation investigates complaints received no more than 60 calendar days after the alleged incident. **Allied Services Foundation** will process complaints that are complete. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

Once the complaint is received, **Allied Services Foundation** will review the complaint and work to resolve the complaint informally, if possible. The Compliance Officer, Judy Oprisko, Vice President Human Resources/Compliance, and/or her designee shall conduct an investigation of the complaint. The Compliance Officer will also maintain files and records of Allied Services relating to such complaints. To the extent possible, and in accordance with applicable law, the Compliance Officer will take appropriate steps to preserve the confidentiality of files and records relating to complaints and will share them only with those who have a need to know.

If the complaint relates to transportation services provided to patients/residents of Allied Services, Allied Services Foundation will inform the Pennsylvania Department of Transportation (PennDOT) that a complaint has been received and will apprise PennDOT at each step of the complaint procedure. **Allied Services Foundation** will adhere to guidance given by the PennDOT relevant to discrimination complaints; however, **Allied Services Foundation** has no expectation that PennDOT will issue formal comment on any complaint.

If the complaint warrants a formal civil rights complaint process, **Allied Services Foundation** will follow the steps listed in this complaint procedure. **Allied Services Foundation** may also use this formal procedure to address general complaints. If **Allied Services Foundation** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by **Allied Services Foundation** as a civil rights complaint.

Allied Services Foundation will issue a written decision on the complaint, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies. If more information is needed to resolve the case, the **Allied Services Foundation** may contact the complainant.

The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case.

⁴ Race, color, and national origin are covered by Title VI. Other civil rights laws may cover other protected classes.

If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, **Allied Services Foundation** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case

After the investigator reviews the complaint, one of two (2) letters will be issued 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. For all transportation-related complaints, The Pennsylvania Department of Transportation shall be carbon copied on this letter.
- ✓ A letter of finding (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. For all transportation-related complaints, The Pennsylvania Department of Transportation shall be carbon copied on this letter.

If the complainant wishes to appeal the decision of Allied Services Foundation, the complainant has 30 business days after the date of the closure letter or the letter of finding (LOF) to do so by writing to the Chief Executive Officer, Allied Services Foundation, 100 Abington Executive Park, Clarks Summit, PA 18411.

The Chief Executive Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this complaint procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex or disability in court or with:

The U.S. Department of Health & Human Services, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

A person may also file a transportation-related Title VI complaint directly with:

Federal Transit Administration Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

Pennsylvania Department of Transportation
Bureau of Equal Opportunity
400 North Street, 5th Floor
Harrisburg, PA 17120

If information is needed in another language, then contact 570-348-1208.
Si se necesita informacion en otro idioma de contacto, 570-348-1208.

Appendix 3 - Complaint/Comment Form

Allied Services Foundation is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at jopris@allied-services.org or the person at the address below.

Judy Oprisko, Vice-President, Human Resources/Corporate Compliance

Allied Services Foundation

100 Abington Executive Park

Clarks Summit, PA 18411

You may also call us at 570-348-1208. Please make sure to provide your contact information in order to receive a response.

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Section B: Contact Information

Name	Telephone Number (including area code)
Address	City
State	Zip Code

Email Address

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Please confirm that you have 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
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race (Title VI)	<input type="checkbox"/> Color (Title VI)	<input type="checkbox"/> National Origin (Title VI)	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? <i>Please check any box that may apply.</i>	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other Services
What was the date of the occurrence?		
What was the time of the occurrence?		
What is the name or identification of the employee or employees involved?		
What is the name or identification of others involved, if applicable?		
What was the number or name of the route you were on, if applicable?		
What was the direction or destination you were headed to when the incident occurred, if applicable?		
Where was the location of the occurrence?		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please add any additional descriptive details about the incident		

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Section E: Follow-up		
May we contact you if we need more details or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how would you best liked to be reached? Please select your preferred form of contact below		
<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
If you would prefer to be contacted by phone, please list the best day and time to reach you.		
Preferred time:		Preferred day:

Section F: Desired Outcome
Please list below, what steps you would like taken to address the conflict or problem.
If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Section G: Signature
Please attach any documents you have which support the allegation. Then date and sign this form and send it to Allied Services Foundation, 100 Abington Executive Park, Clarks Summit, PA 18411
Name Date
Signature

