

Title VI Notice to the Public

SEM Retirement Communities

- SEM Retirement Communities operates its programs and services without regard to race, color, national origin, sex, age, disability, or low-income status in accordance with Title VI of the Civil Rights Act of 1964 and its related statutes. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with SEM Retirement Communities.
- For more information on the SEM Retirement Communities civil rights program and the procedures to file a complaint, contact Julie Foley, 513-831-3262, TTY 800-750-0750; email jfoley@semvilla.org; or visit our administrative office at 201 Mound Avenue, Milford, OH 45150. For more information, visit www.semcommunities.org.
- A complainant may file a complaint directly with the Federal Highway Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, 1200 New Jersey Avenue, SE, Washington, DC 20590 or with the Federal Transit Administration (for transit-related issues), Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590 or with the Ohio Department of Transportation, Office of Equal Opportunity, Attention: Aisha Powell, Title VI Program Manager, 1980 W. Broad Street, 2nd Floor, Mail Stop: 3270, Columbus, OH 43223.
- If information is needed in another language, contact Julie Foley. Contact information above.

(This notice is posted on our community bulletin board as well as our website www.semvilla.org).

Title VI Complaint Procedures SEM Retirement Communities

Title VI Complaint Procedure

Any person who believes she or he or any specific class of persons has been subjected to discrimination or retaliation prohibited by any of the civil rights laws, based upon race, color, national origin (including LEP), sex, age, disability, or low-income status, may file a written complaint. The complaint may be filed by the affected individual or a representative and must be in writing.

Time Limits for Filing

The affected person shall within 180 days after the alleged discriminatory action, outline in writing the facts and circumstances surrounding the complaint and contact:

- Title VI Coordinator
SEM Retirement
Communities
Attention: Julie Foley
201 Mound Ave.
Milford, Ohio 45150
- Ohio Department of Transportation
Office of Equal Opportunity
Attention: Aisha Powell, Title VI Program Manager
1980 W. Broad Street, 2nd Floor
Mail Stop: 3270
Columbus, OH 43223
- Federal Highway Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
1200 New Jersey Avenue, SE
Washington, DC 20590
- Federal Transit Administration (for transit-related issues)
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Avenue, SE
Washington, DC 20590

A complaint must include the following:

- The date of the alleged act of discrimination; or
- The date when the person(s) became aware of the alleged discrimination;
or
- Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Informal Resolution

These procedures apply to all complaints filed under Title VI and its related statutes relating to any program or activity administered by SEM Retirement Communities or its sub-recipients. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies as outlined above or to seek private counsel for complaints alleging discrimination.

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal resolution meeting(s) between the affected parties, and if requested assistance by ODOT's Office of Equal Opportunity, may be utilized for resolution at any stage of the process. The Office of Equal Opportunity will make every effort to pursue a resolution of the complaint. During initial interviews with the complainant and the respondent, additional information may be requested regarding the relief being sought as well as settlement opportunities.

Complaint Form

On the following page is a complaint form

TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

FOR OFFICE USE ONLY: Location: _____ Dist. /Div.: _____

SEM Communities is committed to ensuring that no person will be denied the benefits of or be excluded from the participation in or be subjected to discrimination under any program, service, or activity administered by SEM Communities on the basis of race, color, national origin, sex, age, disability, low-income status, or limited English proficiency. Title VI/Nondiscrimination complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name: _____

Address: _____

City, state, zip code: _____

Telephone number: (home) _____ (cell) _____ (work) _____

Are you filing this complaint on your own behalf? Yes ___ No ___ If no, please indicate the name of the person for whom you are filing and why you have filed for a third party:

Please indicate why you believe the alleged discrimination occurred:

Race Color National Origin *(Race, Color, National Origin fall under Title VI-Civil Rights Act of 1964)*

Gender/Sex Age Disability Low-Income Status Limited English Proficiency

Date and place of alleged discriminatory actions. Please include earliest date and most recent date of discrimination: _____

Please describe the circumstances of the alleged discrimination. Describe as clearly as possible what happened and why you believe you were discriminated against based on your protected status (e.g., race, color, national origin, etc.): _____

Were there any witnesses to your alleged discrimination? Yes ___ No ___ If yes, provide their name(s) and phone number(s): _____

What remedy are you requesting? Please be specific: _____

Have you filed, or intend to file a charge or complaint regarding the matters raised in this complaint with any other agencies or courts (federal, state, or local)? Yes ___ No ___

If you have already filed a charge, or complaint please provide the following:

Agency/Court: _____ Date filed: _____

Address: _____

Case Number: _____ Attorney Name: _____

Status of case: _____ Attorney Phone Number: _____

TITLE VI AND RELATED STATUTES DISCRIMINATION COMPLAINT

Please provide any additional information that you believe is relevant to this complaint; attach additional documentation which supports your allegations if needed.

[For transit-related complaints, individuals who believe they have been subjected to discrimination must attempt to resolve the issue at the lowest level possible. That is, if you believe you have been discriminated against by a local transit provider you must file an internal complaint first with the local provider. Complaint forms can be found in public areas of the transit provider and on the provider's website.]

Sign and date this form and send all documents to:

SEM Retirement Communities

201 Mound Ave

Milford, Ohio 45150

Phone: (513) 831-3262; Ohio Relay Service: (800) 750-0750

Signature: _____ Date: _____

***Note-we cannot accept an unsigned complaint form**