

NOTICE

YOUR RIGHTS UNDER TITLE VI, CIVIL RIGHTS ACT OF 1964, AS AMENDED

The transportation services of the Best Friend Express and Dial A Ride are provided without discrimination based on your race, color, and national origin.

For more information on your civil rights under Title VI or information on filing a discrimination complaint contact:

Lower Savannah Council of Governments
2748 Wagener Road
Aiken, SC 29801
(803) 649-7981

www.bestfriendexpress.com

**Lower Savannah Council of Governments
Best Friend Express and Dial-A-Ride
Title VI Complaint Process**

The Lower Savannah Council of Governments (LSCOG) is authorized, and required, to implement an FTA approved Title VI program and to provide oversight for its contractor(s) selected to operate the Best Friend Express fixed route service and the Dial-A-Ride ADA complementary paratransit serving the urbanized portion of Aiken County. LSCOG endeavors to ensure that the level and quality of transportation service provided to the public is accomplished without discrimination in regard to race, color, or national origin.

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the operators of the Best Friend Express, Dial-A-Ride, or mobility managers at LSCOG may file a Title VI complaint as quickly as possible, but no later than 180 days, by contacting LSCOG to complete and submit the agency's *Title VI Complaint Form*. LSCOG investigates complaints received within ten (10) working days. If necessary, a meeting will be held between all affected parties within those ten working days. The complainant will receive a written response and outcome to their claim within 15 days following the investigation.

To complete a Title VI Complaint Form, please contact:

Lower Savannah Council of Governments
2748 Wagener Rd
Aiken, SC 29801
803-649-7981 (Front Desk)

Dana Luttrull, Grants & Compliance Manager
803-508-7059 (Direct)

Or

Lynnda Bassham, Human Services Director
803-508-7052 (Direct)

OR Contact the Federal Transit Administration (FTA)
Office of Civil Rights
1200 New Jersey Ave. SE
Washington, DC 20590

Section IV:

Please explain as clearly as possible what happened and why you believe you were discriminated against. Please include the names of those involved, or witnesses (if known). If necessary, please use an additional sheet of paper.

Section V:

Have you filed this complaint with any other Federal, State, or Local Agencies, or courts?

If "Yes," please identify the agency and contact information for that agency:

You may attach any written material or other information you think is relevant to your complaint.

X

Signature Above (Required)

Date (required)