



If you need assistance with any of the steps or concepts outlined here, or if you need the information in alternative formats, please don't hesitate to let us know!

CONSUMER RIGHTS

- All of us at SWCI will treat you with respect and without discrimination.
- You have the right to services without discrimination based on your type of disability, age, race, gender, national origin, citizenship, sexual orientation, political and/or religious beliefs in accordance with Title VI of the Civil Rights Act – *please see that section below.*
- You have the right to schedule an appointment to view your information file.
- We will always offer you a copy of your Independent Living Plan and any other papers you sign.
- You may have any person of your choice present at any meetings with the SWCI staff.
- All medical information collected is HIPAA protected.
- You have the right to receive reasonable modifications, accommodations, and alternate formats based on your disability.
- If you feel you have been mistreated, you may file a Grievance *using the procedure outlined below.*

CONSUMER RESPONSIBILITIES

- Provide staff with necessary information for determining your eligibility for services.
- Work in partnership with staff to set your goals and to share the work in achieving your goals.
- Inform your Driver/Independent Living Specialist:
 - If you are dissatisfied with your services, your goals, or the way you're achieving them.
 - Of resources you know about that may help you in achieving your goals.
 - When you want to change or add items to your Independent Living Plan.
- As we promise to treat you with respect, please refrain from rude and derogatory behavior. You may be asked to leave and/or the police may be called for:
 - Fighting or threatening behaviors
 - Harassment (verbal, written, physical, etc.)
 - Presence/influence of drugs and/or alcohol
 - Use of discriminatory or racist speech
 - Any illegal activities
 - Smoking/vaping
 - Weapons of any kind
- Maintain the confidentiality of people you meet through SWCI and SWRides.
- We request a minimum 24-hour notice of cancellation. Failure to cancel an appointment or a trip by 4PM the day prior constitutes a late cancellation.

- Service Animals must be under control on the floor next to the owner. Animals are not allowed on furniture or vehicle seats for any reason, and will be asked to leave if out of control or not housebroken. No pets of any kind are permitted in the vehicles or office.
- If you require accommodations or modifications based on your disability, please tell your ILS or Driver.

RIDER-SPECIFIC RESPONSIBILITIES

- Rides must be requested in advance.
- Riders must be ready for pick up on time. Driver may leave after 10 minutes.
- Not being ready, refusing to get in the vehicle, or not being home constitutes a no-show. We cannot accommodate constant no-shows, or last minute cancellations. Recurring offenders may be suspended from riding for 30 to 90 days at a time.
- Southwest Rides reserves the right to cancel routes due to adverse weather conditions. If a trip is canceled, you will be notified as soon as possible so your appointments can be rescheduled. We will try to delay our start rather than cancel whenever possible. Southwest Rides is not liable for cancellation fees incurred due to missed or canceled appointments.
- Southwest Rides allows the legal transport of accompanied children. It is the responsibility of the parent or guardian to provide their own legal car seats. The driver cannot assist in loading, buckling or unloading of car seats for any reason.
 - Birth – age 1, less than 20#: Rear-facing car seat in the back seat of the vehicle.
 - Age 1 – 3, at least 20#: Forward-facing car seat in the back seat of the vehicle.
 - Age 4 - 7: Booster seat.
 - Age 8+ or 4' 9" and taller: Standard vehicle safety belt.
 - Riders 14 years plus may ride without being accompanied by a parent or guardian.
 - All riders agree to wear a seat belt, follow driver's safety instructions, and refrain from eating and drinking.

SWCI RIGHTS/RESPONSIBILITIES

- When resources are not available, SWCI reserves the right to serve those who are motivated to work on their own behalf.
- SWCI reserves the right to deny service at any time, for any reason. If the Driver/ILS feels that someone is a danger or is compromising the safety of others, the person will be asked to leave immediately and will be restricted from future participation in the program. Failure to leave the premises or exit the vehicle may result in police intervention.

CONSUMER GRIEVANCE PROCEDURE INVOLVING GENERAL COMPLAINTS

In the interest of our consumers and riders, Southwest Center for Independence asks anyone who feels they have not been treated fairly, or not given the best consumer services, to speak to us about it.

- 1) If you are dissatisfied with the services you receive at the Center, we encourage you to first discuss your issue with your IL Specialist or Driver.

- 2) If you are unhappy with the outcome of that discussion, please make an appointment to meet with the Independent Living or Transportation Program Manager at the Center to discuss your concerns, by calling the Center at (970) 259-1672. Please do this within six months of the incident you want resolved. Notify the Manager if you need assistance or an accommodation at any step of this process.
- 3) If the Program Manager does not respond within 2 weeks or has not responded to your satisfaction, please put your complaint in writing to the Executive Director. You can ask the Manager for the form, or just put your complaint in writing (*See General Complaint Form, attached.*) You should include as much specific information as possible, and include a description of what resolution you are looking for.
- 4) The Executive Director's decision is final, and they will give you an answer within 2 weeks (10 business days) of receipt of the grievance.

You may also file a General complaint through the **Client Assistance Program** at Disability Law Colorado, in Grand Junction at 800-531-2105, 711 TTD – Relay, or by Email at dlcmail@disabilitylawco.org

TITLE VI COMPLAINT PROCEDURE FOR POSSIBLE DISCRIMINATION

SWCI operates its programs and services without regard to race, color, religion, creed, sex, pregnancy, sexual orientation, gender identity, gender expression, ancestry, age, disability, genetic information, marital status, military service, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes they have experienced any unlawful discriminatory practice by SWCI may use this Title VI Complaint procedure.

- 1) If you believe you have been discriminated against on the basis of race, color, religion, creed, sex, pregnancy, sexual orientation, gender identity, gender expression, ancestry, age, disability, genetic information, marital status, military service, or national origin by SWCI or Southwest Rides, you may file a Title VI Complaint by completing and submitting our Title VI Complaint Form. The Program Manager can provide the form upon request (*See Title VI Complaint form, attached.*)
- 2) Once the Complaint is received, the Executive Director will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by our office.
- 3) If SWCI has jurisdiction to investigate the complaint, the HR Manager will conduct a formal investigation.
- 4) SWCI has 3 weeks (15 business days) to investigate the complaint. If more information is needed to resolve the case SWCI may contact you in writing. You have 3 weeks (15 business days) from the date of the letter to send information to the investigator, or SWCI can administratively close the case. A case can also be administratively closed if you no longer wish to pursue the case.
- 5) 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 no Title VI violation. A Letter of Finding summarizes the allegations and investigations, and the outcome. Outcomes related to personnel decisions will not be included in the letter due to employee privacy practices. If you wish to appeal the

decision, you have 30 days after the date of the letter to do so. Requests for an appeal may be submitted to the Executive Director.

You may also file a formal Title VI complaint through the **Client Assistance Program** at Disability Law Colorado, in Grand Junction at 800-531-2105, 711 TTD – Relay, or by Email at dlcmail@disabilitylawco.org

If your Title VI complaint is about Southwest Rides, you may also file a complaint directly with the **Federal Transit Administration** with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

Additionally, there is the **Colorado Civil Rights Division** at the Department of Regulatory Affairs for discrimination complaints. Call 303-894-2997, Español 720-432-4294, or Email for general inquiries DORA_CCRD@State.co.us, or intake DORA_CCRDIntake@State.co.us. If you are a person with a disability and require an accommodation in order to access CCRD's services, please call 303-894-2997, 711 TTD - Relay, or send an email to dora_ccrd@state.co.us.

By signing this document, I acknowledge I received a copy of this entire document, I understand the grievance procedure and my rights and responsibilities and that SWCI reserves the right to refuse service.

Signature of consumer or representative

Date

Name of Consumer or Personal Representative

Description of Personal Representative's Authority

Staff Signature: _____

SWCI- General Grievance Form

Section I:				
Name:				
Address:				
Phone:			E-Mail Address:	
Accommodation Requirements?	Large Print	ASL Interpreter	Recording	Reader
	An Advocate	Braille	Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
Please use section below to describe your complaint about the services you received at Southwest Center for Independence, and indicate what resolution you are seeking:				

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

Signature

Date

Please submit this at the address below:
9 Burnett Ct., Suite C
Durango, CO 81301

Or email it to info@swilc.org

SWCI- Title VI Complaint Form

Section I:				
Name:				
Address:				
Phone:			E-Mail Address:	
Accommodation Requirements?	Large Print	ASL Interpreter	Recording	Reader
	An Advocate	Braille	Other	
Section III:				
Phone:			E-Mail Address:	
Accommodation Requirements?	Large Print	ASL Interpreter	Recording	Reader
	An Advocate	Braille	Other	
Section II:				
Are you filing this complaint on your own behalf?				[] Yes* [] No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.				[] Yes [] No
Section III:				
I believe the discrimination I experienced was based on: _____ (Fill in the blank)				
Date of Alleged Discrimination (Month, Day, Year):				
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional paper.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

Section IV
 Have you previously filed a Title VI complaint with this agency? Yes No

Section V
 Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No

If yes, check all that apply:
 Federal Agency Federal Court State Agency
 State Court Local Agency

If applicable, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

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

 Signature

 Date

Please submit this at the address below:
 9 Burnett Ct., Suite C
 Durango, CO 81301

Or email it to HR@swilc.org