**Procedures for Filing, Tracking, and Investigating Title VI Complaints**

**THE DULUTH TRANSIT AUTHORITY**

**PROCESS FOR FILING AND INVESTIGATING TITLE VI COMPLAINTS**

**What is Title VI of the Civil Rights Act of 1964?**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving Federal financial assistance. The Duluth Transit Authority is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act of 1964. You may also find more information on compliance requirements placed on public transit operators as they relate to Title VI in Federal Transit Administration (FTA) Circular 4702.1A. If you believe you have been subjected to discrimination under Title VI, you may file a complaint.

**How to file a Title VI Complaint?**

You may file a signed, written complaint within 180 days from the date of alleged discrimination. The complaint should include the following information:

􀂙 Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.)

􀂙 How, when, where, and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.

􀂙 Other information that you deem significant.

**The complaint may be filed in writing with the Duluth Transit Authority’ Title VI Program Officer at the following address:**

Duluth Transit Authority

Director of Administration

2402 West Michigan Street

Duluth, MN 55806

**You may also contact the Title VI Program Officer**

By phone: 218-623-4316

By Facsimile: 218-722-4428

By Email: planning@duluthtransit.com

NOTE: The Title VI Program Officer may assist with writing a complaint if the complainant is unable to do so. Additionally, the DTA encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Program Officer as soon as possible, but no later than 30-days from the alleged date of discrimination.

**What happens to my complaint after it is submitted to the Duluth Transit Authority?**

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by the Duluth Transit Authority will be directly addressed by the DTA’ Title VI Program Officer (Program Officer). The Program Officer shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, the Program Officer shall make every effort to address all complaints in an expeditious and thorough manner. In instances where additional information is needed for assessment or investigation of the complaint, the Program Officer will contact the complainant in writing within fifteen (15) working days of receipt of the complaint. Please note that in responding to any requests for additional information, a complainant’s failure to provide the requested information by the date indicated by the Program Officer may result in the administrative closure of the complaint.

Once sufficient information for investigating the complaint is received by the Program Officer, they will prepare a draft written response subject to review by the General Manager of the DTA. If appropriate, they may administratively close the complaint. In this case, the DTA’ Title VI Program Officer will notify the complainant of the action as soon as possible.

**How will I be notified of the outcome of my complaint?**

The Duluth Transit Authority’ Title VI Program Officer will send a final written response to the complainant and advise the complainant of his or her right to 1) appeal to the City of the DTA’s City Manger within 7 days of receipt of the final written decision from the Program Officer, and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration. The Program Officer will make every effort to respond to Title VI complaints within 60 working days of receipt of such complaints, if not sooner. In addition to the complaint process described above, a complainant may file a Title VI complaint with the following office:

Federal Transit Administration Office of Civil Rights

Attention: Title VI Program Coordinator

East Building, 5th Floor – TCR

1200 New Jersey Ave., SE

Washington, DC 205904



**Duluth Transit Authority/STRIDE**

 **Discrimination Complaint Form**

 *Note: The following information is needed to assist in processing your complaint.*

**Information about Complainant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone Number (Home): (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Work): (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person Discriminated Against (if someone other than complainant)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone Number (Home): (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Work): (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which of the following best describes the reason you believe the discrimination took place?**

Race/Color (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Origin (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On what date(s) did the alleged discrimination take place?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please explain below as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to describe in what way you believe other persons were treated differently than you and why you believe these events occurred. (Please use additional sheets if necessary and attach a copy to written material pertaining to your case).**

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**List names and contact information of persons who may have knowledge of the alleged discrimination.**

Name Address Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.**

Federal Agency

Federal Court

State Agency

State Court

Local Agency

**Please provide information about a contact person at the agency/court where the complaint was filed.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone Number (Work): (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can this/these issue(s) be resolved to your satisfaction?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s).**

**Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person’s consent to disclose his/her name.**

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation. My signature below also authorizes my approval to disclose my name, if needed as part of the DTA inquiry.

Complainant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Attachments: Yes No

**Sign and submit** complaint form and any additional information to:

Title VI Coordinator

Duluth Transit Authority

2402 West Michigan Street

Duluth, MN 55806

(218) 722-4426 ext. 316

planning@duluthtransit.com