

## **Title VI Complaint Procedure**

Any person who believes she or he had been discriminated against on the basis of race, color, or national origin by the **Wilmington Transit System** (hereinafter referred to as "WTS") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The **City of Wilmington Transit System** investigates complaints received no more than 180 days after the alleged incident. **WTS** will process complaints that are complete.

Once the complaint is received, **WTS** will review it to determine if our office has jurisdiction. The complaint will receive acknowledgement letter informing her/him whether the complaint will be investigated by our office.

**WTS** has 30 days to investigate the complaint. If more information is needed to resolve the case, **WTS** may contact the complainant. The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, **WTS** 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, she/he 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 not a Title VI violation and that the case will be closed. An 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. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington DC 20590.

**Section I:**

Name:

Address:

Telephone:(Home): Telephone(Work)

Electronic Mail Address:

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

**Section II:**

Are you filing this complaint on your behalf? Yes\* No

\*If you answered "yes" to this question, go to section III.

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 third party.	Yes	No
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**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

- Race                       Color                       National Origin                       Sex
- Age                               Disability                       Low Income

Date of Alleged Discrimination (Month, Day Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the names and contact information 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 use the back of the form.

**Section IV:**

Have you previously filed a Title VI complaint with agency?	Yes	No
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**Section V:**

Have you filed this complaint with any 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 \_\_\_\_\_

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

Name:

Title:

Agency:

Address:

Telephone:

**Section VI:**

Name of agency complaint is against :

Contact Person:

Title:

Telephone:

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:  
City of Wilmington, Dept. of Transit  
260 Charles St.  
Wilmington, Ohio 45177