



## **TITLE VI COMPLAINT FORM AND PROCEDURE**

Any person who believes she or he has been discriminated against on the basis of race, color or national origin, by Delaware County Transit (hereinafter referred to as DCT) may file a Title VI complaint by completing and submitting this form. DCT investigates complaints received no more than 180 days after the alleged incident. DCT will process complaints that are complete.

Completed Forms can be mailed to:

Title VI Coordinator  
Delaware County Transit  
119 Henderson Court  
Delaware, Ohio 43015

Once the form is received, DCT management will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgment letter informing him/her whether the complaint will be investigated by our office.

DCT has 30 business days to investigate the complaint. If more information is needed to resolve the case, DCT may contact the complainant. The complainant has 15 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 15 business days, DCT 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 letter of finding (LOF). A closure letter summarizes the allegations and states 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 to staff, or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 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.





## TITLE VI COMPLAINT FORM

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

Address \_\_\_\_\_

Phone (Home/Cell) : \_\_\_\_\_ (Work) : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Accessible Format Requirements? Please Circle all that apply

**Large Print**

**TTY**

**Other** \_\_\_\_\_

Are you filling out this complaint on your own behalf? Yes \_\_\_ No \_\_\_

**If no**, please supply the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

Please explain why you have filed for a third party:

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

**If yes**, please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes \_\_\_ No \_\_\_

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

\_\_\_ Race      \_\_\_ Color      \_\_\_ National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you (or complainant) were discriminated against. Describe all persons who were involved. Include the name 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 this form.

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

Have you previously filed a Title VI complaint with this agency?

Yes  No

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 Court

State Agency

Local Agency

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

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name of Agency complaint was/is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Signature and date required below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit in person at the address below, or mail this form to:

Delaware County Transit, Title VI Coordinator

119 Henderson Ct.

Delaware, Ohio 43015