

## **Title VI Complaint Procedure**

Winona ORC's Title VI Complaint Procedure is made available in the following locations:

- Agency website, either as a reference in the Notice to Public or in its entirety
  - Hard copy in the central office
  - Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
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Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Winona ORC may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Winona ORC investigates complaints received no more than 10 days after the alleged incident. Winona ORC will process complaints that are complete.

Once the complaint is received, Winona ORC will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office. Winona ORC has 10 days to investigate the complaint. If more information is needed to resolve the case, we may contact the complainant.

The complainant has 10 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 10 business days, we 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 (2) 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.
- A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member(s), or other action will occur.

If the complainant wishes to appeal the decision, she/he has 10 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.

If information is needed in another language, then contact 507-452-1855.

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<b>Section I</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
Electronic Mail Address:			
Accessible Format Requirements? (check all that apply)		<input type="checkbox"/> Large Print	<input type="checkbox"/> <b>Audio Tape</b>
		<input type="checkbox"/> TDD	<input type="checkbox"/> <b>Other:</b>
<b>The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low Income Populations", and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.</b>			
<b>Section II</b>			
Are you filing this complaint on your own behalf? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>*If you answered "yes" to this question, go to Section III.</b>			
If not, please supply the name and relationship of the person for whom you are complaining:			
Name:		Relationship	
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. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Section III</b>			
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin   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 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 or attach additional pages.			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with Winona ORC? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

**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, please name the agency and a copy of the complaint form.

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 number:

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:**

**Winona ORC, Title VI Coordinator**

**1053 East Mark Street**

**Winona, MN 55987**

**Please note we cannot accept your complaint without a signature.**