

Tri-County Action Program, Inc. Title VI Complaint Procedure & Form

Tri-County Action Program Inc., (Tri-CAP) is committed to ensuring that no person is excluded from participation in or denied the benefits of its public transit services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints are filed on the form included below. Complaints must be filed within 180 days after the date of the alleged discrimination.

Once the complaint is received, Tri-CAP will review it to determine whether we have the jurisdiction over the concern registered. The complainant will receive an acknowledgement letter advising whether Tri-CAP will be investigating the complaint. Tri-CAP has 10 business days to investigate the complaint. If more information is needed to resolve the case, Tri-CAP may contact the complainant. The complainant has 10 business days from the date of the letter from the investigator seeking further information to respond and supply the requested information. If the investigator is not contacted by the complainant or does not receive the requested information within 10 business days, Tri-CAP will administratively close the case.

After the investigator reviews the complaint, one of two responses will be sent to the complainant which will be either a closure letter or a letter of finding. 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 summarizes the allegations and the interviews regarding the alleged incident and explains whether any disciplinary action, additional training of staff or other action will occur. If the complainant wishes to appeal the decision, a written appeal must be submitted within 10 business days of the date of the closure letter or letter of finding.

The information on the form below is necessary to assist us in processing your complaint. If you require assistance in completing this form, please contact Tri-CAP's Transportation Director by calling 320-257-4445. Additional details may be included on the back side of the form or on separate pages.

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

Tri-County Action Program, Inc. Title VI Complaint Form

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 own 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 a third party.			Yes	No
Section III:				
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 a separate sheet.				

Section IV

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

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 are required below:

Signature

Date

Please submit this by mail to the address below:

Tri-County Action Program, Inc.
 Title VI Coordinator/Executive Director
 1210 23rd Avenue South, P.O. Box 683
 Waite Park, MN 56387