

TITLE VI POLICY

The purpose of this document is to detail specific complaint procedures for better documentation efforts regarding to Title VI and related statutes.

Title VI of the 1964 civil right and related statues states that:

No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination or retaliation, under any Federally or non-federally funded activity or program administered by a recipient of Federal financial assistance.

Big Bend Transit, Inc. does not condone discrimination and believes all persons should be protected based on the above listed criteria and will not be excluded from participation in, being denied benefits of, or be subject to discrimination under Big Bend Transit, Inc. transportation activities.

BIG BEND TRANSIT, INC. COMPLAINT PROCEDURE

Any person who believes she or he has been discriminated on the basis of race, color, or national origin by Big Bend Transit, Inc. may file a complaint by completing and submitting the agency's complaint form. This form is available in our offices, can be mailed or emailed on request, and will be added to our website at the next update.

BBT investigates complaints received no more than 180 days after the alleged incident. BBT will process complaints that are complete. Once the complaint is received, BBT will review it to determine if the information is complete.

If more information is needed to resolve the case, BBT 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, BBT 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 a written notice to the complainant: a closure letter or a 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 information 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 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.

According to the 2010 Census data, our service area does not meet the Safe Harbor threshold of 5% (or over 1,000) for any LEP language group. However, if that should change in the future, we will provide the procedure and complaint form in the applicable language if needed.

BIG BEND TRANSIT, INC. COMPLAINT FORM

Any person who believes that he, or she, or any specific class of persons has been subjected to discrimination or retaliation prohibited by the Civil Rights Act of 1964, as amended and related statutes, under BBT's program of transit service delivery or related services or programs is encouraged to file a report with Big Bend Transit at:

Big Bend Transit, Inc.
2201 Eisenhower Street
Tallahassee, FL 32310
850.574.6266
twatkins@bigbendtransit.org

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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 the back of this form.		

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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 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:

Tamara M. Watkins
Big Bend Transit, Inc.
2201 Eisenhower Street
Tallahassee, Florida 32310

If information is needed in another language, contact **[850.574.6266 Option 6]**