Title VI Procedures and Compliance

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public.

4.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Towns County Transit System may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form (refer to Appendix E). Towns County Transit System investigates complaints received no more than 180 days after the alleged incident. Towns County Transit System will process complaints that are complete.

Once the complaint is received, Towns County Transit System will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Towns County Transit System has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Towns County Transit System may contact the complainant. The complainant has ten (10) business days from the date of the letter to send requested information to the investigator assigned to the case. A case can also be administratively closed 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. A 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 seven (7) days to do so from the time she/he receives the closure letter or the LOF.

The complainant procedure will be made available to the public on Towns County Transit System’s website (www.townscountyga.org).

4.2 Complaint Form

A copy of the complaint form in English is provided in Appendix E and on Towns County Transit System’s website (www.townscountyga.org).
# Towns County Transit System

**Title VI Complaint Form**

### Section I:

**Name:**

**Address:**

**Telephone (Home):**  
**Telephone (Work):**

**Electronic Mail Address:**

<table>
<thead>
<tr>
<th>Accessible Format Requirements?</th>
<th>Large Print</th>
<th>Audio Tape</th>
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<tbody>
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<td></td>
<td>TDD</td>
<td>Other</td>
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### 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):

- [ ] Race  
- [ ] Color  
- [ ] National Origin  
- [ ] Age  
- [ ] Disability  
- [ ] Family or Religious Status  
- [ ] Other (explain)

**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 name and contact information of any witnesses.

If more space is needed, please use the back of this form:

### Section IV:

**Have you previously filed an Title VI complaint with this agency?**  
**Yes**  
**No**
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:____________________________________

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:
Towns County Transit System Title VI Liaison
1400 Jack Dayton Circle
Young Harris, GA 30582