Title VI Complaint Procedures and forms

For complaints alleging discrimination based on race, color or national origin.

A. How to file a Title VI Complaint

The complainant may file a written and signed complaint form which can be found on the website vvcsc@vvcsc.com along with procedures for submitting and appealing complaints. Forms should be filed with the Transportation Coordinator at the office of the VVCSC located at 16692 Mojave Drive, Victorville, CA 92395. Complaint may be emailed to vvcsc@vvcsc.com or faxed to (760) 243-4762.

The complaint should include:

- Your name, mailing address and how to contact you via telephone or email address.
- How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
- Other information that you deem significant.

B. After a complaint is submitted

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by VVCSC will be directly addressed by VVCSC. VVCSC shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are of limited English proficiency. Additionally, VVCSC shall make every effort to address all complaints in an expeditious and thorough manner.

A letter acknowledging receipt of complaint will be mailed within seven days. Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

Complaints will be investigated by Victor Valley Community Services Council and shared with Victor Valley Transit Authority. Every effort will be made to respond to Title VI complaints within 60 working days of receipt of such complaints if not sooner.

C. Investigation of Complaints and Appeal Process

Transportation coordinator will take complaints and then forward them to the Title VI Complaint Coordinator (Executive Director).

The Executive Director will investigate the complaint and make a determination. Formal investigation of the complaint will be confidential and will include, but is not limited to, details of the specific incident, frequency and dates of occurrences and names of any witnesses. Customer will be notified of resolution.

If the complainant is not satisfied with the resolution, an appeal process is available. An appeal request for review of a determination of unlawful denial of access or accommodation to services must be filed, in writing, within 60 calendar days of the incident.

The written appeal must include the customer's name, address, and telephone contact number as well as a statement of reason(s) why the applicant believes the denial of accommodation request or access to services was inappropriate is recommended.

The VVCSC Board of Directors will set a mutually agreed-upon time and place for the review process with the applicant and/or representatives within 30 days of the request. The applicant may submit documents or other information to be included with the record and considered in the review process. Anyone needing special accommodations may contact VVCSC at (760) 243-9646 for assistance.

The right of the appellant to a prompt and equitable resolution of the complaint must not be impaired by the appellant's pursuit of other remedies, such as filing of a complaint with the Department of Justice or other appropriate federal agency or the filing of a suit in state or federal court. Use of this procedure is not a prerequisite to the pursuit of other remedies.

D. Disposition of Complaints and Resolution

- 1. Sustained Complaints- If the complaint is substantiated and a probable cause of a discriminatory practice based on race, color, or national origin is found to exist, VVCSC shall endeavor to eliminate said practice by means of a Remedial Action Plan. The Remedial Plan shall include: a list of all corrective actions accepted by the agency; description of how the corrective action will be implemented; and a written assurance that the agency will implement the accepted corrective action in the manner discussed in the plan.
- 2. Unsustained Complaints- If there is insufficient evidence to either prove or disprove the allegation(s) both parties to the complaint will be informed of the reason(s) for this disposition.
- 3. Unfounded Complaint- If it is determined that an act reported pursuant to this policy/procedure did not in fact occur, a finding of unfounded shall be made.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

Federal Transit Administration Office of Civil Rights

Attention: Title VI Program Coordinator

East Building, 5th Floor – TCR 12 New Jersey Ave., SE

Washington, DC 20590

Section I:				
Name:				
Address:				
Telephone (Home):	Telephone (Work):			
Electronic Mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	
Section II:				
Are you filing this compla	•		Yes*	No
*If you answered "yes" to	this question, go to Secti	on III.		
If not, please supply the name and relationship of the person				
for whom you are complai				
Please explain why you ha	ve filed for a third party:			
Please confirm that you have obtained the permission of the			Yes	No
aggrieved party if you are	filing on behalf of a third	party.		
Section III:				
I believe the discrimination	n I experienced was base	d on (check a	all that apply):	
[] Race [] C	Color	[] Nationa	l Origin	
Date of Alleged Discrimin	ation (Month, Day, Year):		
Explain as clearly as possi	ble what happened and w	hy you belie	eve you were discri	minated
against. Describe all person				
the person(s) who discrimi	nated against you (if kno	wn) as well	as names and conta	act information
You may attach any written complaint.	materials or other inform	nation that y	ou think is relevan	t to your
Signature and date required	below			
Signature		Da	ate	

Formulario de queja de Título VI

El Título VI del Decreto de los Derechos Civiles de 1964 dispone que "ninguna persona en los Estados Unidos debe ser excluida de participar en, negada de los beneficios de sus servicios en base a su raza, color u origen étnico, o ser sujeto(a) a discriminación bajo cualquier programa o actividad que reciba ayuda económica federal."

Si cree que ha sufrido discriminación, puede presentar una queja por escrito y firmada en un plazo de 180 días de la fecha de la presunta discriminación. Puede utilizar el formulario a continuación, que incluye la información necesaria para procesar su queja. Cuando termine, favor de entregar este formulario a Metropolitan Transit System, Title VI Officer, 1255 Imperial Avenue #1000, San Diego, CA 92101.

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	_	_	ACIÓN BÁSICA
_	_	RECLAM	
Nomb	ore:		
Direc	ción		
			Cuidad/Estado/Código
Núme	ro telef	ónico:	
DATC	S DE L	_A VÍCTIN	IA (si es diferente del anterior)
Nomb	re:		
			Cuidad/Estado/Código
Núme	ro telef	ónico:	
Fecha	a de la p	oresunta d	liscriminación:
Cree	que la r	azón para	la presunta discriminación es debido a:
	-	Raz	a/Color Origen étnico
	¿Ha e		esta queja a cualquier otro organismo local, estatal, o federal o
	_	_	bunal estatal o federal?
0	No	•	
0	Sí	De ser	así, marque todas las cajas apropiadas:
O	O.		Organismo local
			Organismo federal
			Organismo estatal
			Tribunal federal
		_	Tribunal estatal
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Nombre:				
Dirección:				
Cuidad/Estado/Código postal:				
Número telefónico:				
SECCIÓN 2: DETALLES DEL EVENTO Describa en sus propias palabras la presunta discriminación. Favor de explicar qué fue lo que sucedió y quién cree que es responsable. Proporcione todos los detalles y hechos pertinentes, y circunstancias en torno a la presunta discriminación que ayudarán a MTS a investigar su queja. Puede utilizar el reverso de este formulario si requiere espacio adicional. (También puede añadir cualquier material escrito u otra información que considere relevante a su queja.)				
				
				
<u> </u>				
SECCIÓN 3: FIRMA				
Firma del reclamante:				
Fecha:				