ATTACHMENT A

ROGUE VALLEY TRANSPORTATION DISTRICT (RVTD)
NONDISCRIMINATION COMPLAINT PROCEDURES

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity administered by RVTD or its sub-recipients, consultants and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and the Title IV Compliance Officer may be utilized for resolution, at any stage of the process. The Title VI Compliance Officer will make every effort to pursue a resolution of the complaint. Initial interviews with the complainant and the respondent will request information regarding specifically requested relief and settlement opportunities.

Procedures.

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by title IV nondiscrimination provisions may file a written complaint within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. The complaint must meet the following requirements:

   a. Complaint shall be in writing and signed by the complainant(s).
   b. Include the date of the alleged act of discrimination (date when the complainant(s) became aware of the alleged discrimination; or the date on which that conduct was discontinued or the latest instance of the conduct.
   c. Present a detailed description of the issues, including names and job titles of those individual perceived as parties in the complained-of incident.
   d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have been established. The complainant is required to mail a signed, original copy of the fax or e-mail transmittal for RVTD to be able to process it.
   e. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to RVTD for processing.

2. Upon receipt of the complaint, the Title VI Compliance Officer will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint. In cases where the complaint is against of RVTD’s sub-recipients of Federal funds, RVTD will assume jurisdiction and will investigate and adjudicate the case. Complaints against RVTD will be referred to the Federal Transit Administration, Office of Civil Rights, for proper disposition pursuant to their procedures.
3. In order to be accepted, a complaint must meet the following criteria:
   a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
   b. The allegation(s) must involve a covered basis such as race, color, or national origin.
   c. The allegation(s) must involve a program or activity of a Federal-aid recipient, sub-recipient, or contractor.

4. A complaint may be dismissed for the following reasons:
   a. The complainant requests the withdrawal of the complaint.
   b. The complainant fails to respond to requests for additional information needed to process the complaint.
   c. The complainant cannot be located after reasonable attempts.

5. Once RVTD decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within seven (7) calendar days. The complaint will receive a case number and will then be logged into RVTD’s records identifying its basis and alleged hard.

6. In cases where RVTD assumes the investigation of the complaint, RVTD will provide the respondent with the opportunity to respond to the allegation(s) in writing. The respondent will have ten (10) calendar days from the date of RVTD written notification of acceptance of the complaint to furnish his/her response to the allegation(s).

7. RVTD’s final investigative report and a copy of the complaint will be forwarded to the Federal Transit Administration, Office of Civil Rights, and affected parties within sixty (60) calendar days of the acceptance of the complaint.

8. RVTD will notify the parties of its final decision.

9. If complainant is not satisfied with the results of the investigation of the alleged discrimination and practices the complainant will be advised of the right to appeal to the Federal Transit Administration, Office of Civil Rights, 915 Second Avenue, Suite 3142, Seattle, WA 98174-1002.
Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

Complainant’s Information:

Name: _______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip: __________________________________________________________________
Telephone Number (Home): ______________________________________________________
Telephone Number (Work): _______________________________________________________  

Person Discriminated Against (someone other than complainant):

Name: _______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip: __________________________________________________________________
Telephone Number (Home): ______________________________________________________
Telephone Number (Work): _______________________________________________________

Which of the following best describes the reason you believe the discrimination took place:

Race/Color (Specify): _______________ National Origin (Specify): ________________
Gender/Age (Specify): _______________ Disability: ________________________________

On what date(s) did the alleged discrimination take place: ____________________________

Describe the alleged discrimination. Explain what happened and whom you believe was responsible (if additional space is needed, add a sheet of paper):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Title VI Complaint Form (cont.)

List names and contact information of persons who may have knowledge of the alleged discrimination:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.

Federal Agency ___________ Federal Court ___________
State Agency ____________ State Court ____________
Local Agency _____________

Please provide information about contact person at the agency/court where the complaint was filed.

Name: ________________________________________________________________________
Address: ______________________________________________________________________
City/State/Zip: ________________________________________________________________
Telephone Number (Work): _______________________________________________________

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

__________________________________                     _________________________
Complainant Signature                      Date

Attachments: Yes _______ No _______
Submit form and any additional information to:

Rogue Valley Transportation District  
Title VI Compliance Officer  
3200 Crater Lake Avenue  
Medford, OR  97504-9075  
Phone:  (541) 779-5821  
Fax:  (541) 773-2877

If you need this information in another language, contact (541) 779-5821, Ext. 1401.  Si necesita información en otro idioma, favor de llamar al (541) 779-5821, Ext. 1401.