# TITLE VI Notice to the Public

The **Union County Transit’s** Notice to the Public is as follows:

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| Notifying the Public of Rights Under Title VI  **THE UNION COUNTY TRANSIT**  The **Union County Transit** operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **Union County Transit**.  For more information on the **Union County Transit’s** civil rights program, and the procedures to file a complaint, contact 765-458-7277, (TTY 800-743-3333); email the Executive Director at withamtrisha\_ucaa@yahoo.com; or visit our administrative office at 615 West High Street, Liberty, Indiana 47353.  A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.  If information is needed in another language, contact 800-743-3333.  *Si se necesita informacion en otro idioma de contacto, 800-743-3333.* |

The **Union County Transit’s** Notice to the Public is posted in the following locations: (*check all that apply*)

X Agency website

X Public areas of the agency office (common area, public meeting rooms, etc.)

X Inside vehicles

Rider Guides/Schedules

Transit shelters and stations

Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title VI Complaint Procedure**

The **Union County Transit’s** Title VI Complaint Procedure is made available in the following locations: (*check all that apply*)

X Agency website, either as a reference in the Notice to Public or in its entirety

X Hard copy in the central office

Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**The Union County Transit** has **30** days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 30 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 30 business days, the city 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 one of two (2) 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 letter of finding (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 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.

If information is needed in another language, then contact **800-743-3333**. *Si se necesita informacion en otro idioma de contacto, 800-743-3333*

**Union County Transit**

**Consolidated Civil Rights Complaint Form**

**Union County Transit** is responsible for ensuring proper implementation of several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the complaint investigation process, we analyze the complainant's allegations for possible deficiencies by our transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail or submit your completed form to:

**Union County Transit**

**Trisha Persinger, Executive Director**

**615 West High Street Liberty, IN 47353**

If you have questions about how to prepare a complaint, you may contact us at 1-888-888-8888. More information about transit-related civil rights requirements may be found on the FTA’s website at [www.fta.dot.gov.](http://www.fta.dot.gov/)

**Note:** Apart from the form, ***on separate pages***, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

**Important:** We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out. DOUBLE CLICK EACH TEXT BOX TO ENTER TEXT.

***Section I***

**I believe that I have been (or someone else has been) discriminated against based on:**

Race / Color / National Origin







Disability

Not Applicable



Other (specify)

**I believe that a public transit provider has failed to comply with the following program requirements:**

Disadvantaged Business Enterprise External Equal Employment Opportunity









Title VI

Americans with Disabilities Act (ADA)

Other(specify)

***Section II***

Name:

Street Address:

City: State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print Not Applicable Other

***Section III***

Are you filing this complaint on your own behalf?

Yes No

[If you answered “yes” to this question, go to Section IV.]

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 IV***

Have you previously filed a civil rights complaint with our agency?

If yes, what was the date?

Yes No

Have you filed this complaint with any of the following agencies?

Transit Provider Department of Transportation

Department of Justice Equal Employment Opportunity Commission

Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

Yes No

If yes, please provide the case number and attach any related material.

***Section V***

Name of public transit provider complaint is against:

Contact person Title

Telephone number

***Section VI***

May we release your identity and a copy of your complaint to the transit provider? No Yes

***Note:*** We may be unable to investigate your allegations without permission to release

your identity and complaint.

Please sign here: Date:

***Note:*** We cannot accept your complaint without a signature.