

TITLE VI DISCRIMINATION COMPLAINT INSTRUCTIONS

This Title VI complaint form is designed to assist any individual, group of individuals, or entity interested in filing a discrimination complaint with the City of Commerce Transportation Department (Authority). If the complaint is against the Authority, it will be forwarded to the Federal Transit Administration or appropriate federal agency for investigation.

Title VI of the Civil Rights Act

Title VI of the Civil Rights Act of 1964 and related statutes (Title VI) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Transit Administration. These prohibitions extend to the Authority as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, irrespective of tier, whether the contract is federally funded or not. The Authority is also required to implement measures to ensure that persons with Limited English Proficiency (LEP) and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990.

How to File a Complaint

A complaint may be filed by any individual, group of individuals or entity that believes they have been subjected to discrimination, based on their race, color, national origin, age, sex or disability. The complaint must be submitted in writing and be signed and dated by the individual or his/her representative for acceptance. As a convenience, you may use the enclosed Title VI Complaint form. Your complaint must be filed no later than 60 calendar days from the most recent date of the alleged act of discrimination unless the time for filing is extended. Upon request, assistance will be provided if you are limited English proficient or disabled. Complaints may be filed using alternative formats, such as computer disk, audio tape or in Braille.

You also have the right to file complaints with other State or federal agencies that provide federal financial assistance to the Authority or to seek private counsel. Once the complaint is filed, it will be reviewed by the Authority's Title VI Program located in Commerce, California to determine whether it has jurisdiction to investigate the issues raised in the complaint. If the complaint is determined to be under the jurisdiction of the Authority, a Title VI Program staff member will contact the complainant to begin an investigation no later than 15 working days after receipt of the complaint.

The complainant will be contacted in writing no later than thirty 30 working days after receipt of the complaint for additional information, if needed. The complainant may be interviewed by the Title VI Program staff member. In compliance with LEP, translation services will be provided to the complainant, as necessary. The Authority will make every effort to complete the investigation within 90 days of receipt of the complaint. The Authority will obtain concurrence from the complainant for an extension of time to complete the investigation, should additional time be required. The Authority will provide the complainant with a complaint closure letter with a summary description of the allegation, investigation methodology and identify remedial steps if discrimination is found. The respondent or respondent agency will also receive a copy of the closure letter.

The complainant and the respondent or respondent agency will have five (5) working days from receipt of the closure letter to appeal the Authority's findings. If neither party appeals, the complaint shall be closed. The Authority and its sub-recipients, consultants, and contractors, irrespective of tier, are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, or made charges, testified, or participated in any complaint action under Title VI, the Restoration Act of 1987, and other nondiscrimination authorities.

Submit the signed form or letter in person or by mail to:

City of Commerce Transportation Department

Atten: Director of Transportation

5555 Jillson Street Avenue

Commerce, CA 90040

Telephone Number: (323) 887-4419

Fax Number: (323) 724-2776

E-Mail: Director_Transportation@commerce.ca.us

For more information, please visit the website: www.ci.commerce.ca.us

NONDISCRIMINATION COMPLAINT FORM

The City of Commerce Municipal Bus Lines is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964, as amended. No person or group of persons will be discriminated against with regard to fares, routing, scheduling, or quality of transportation service that Commerce Municipal Bus Lines furnishes, on the basis of race, color, or national origin.

If you believe you have been discriminated against, you may file a signed written complaint within 180 days from the date of the alleged discrimination. The Title VI Complaint Form may be printed from the www.ci.commerce.ca.us website or may also be requested from CTD Customer Service who can be reached at (323) 887-4419. The Title VI Complaint Form is also available for pickup at the Transportation Department, 5555 Jillson Street, Commerce, CA. 90040. The completed form must be returned to Transportation Department, Director of Transportation, 5555 Jillson Street, Commerce, CA 90040.

Your Name:

Street Address, City, State, Zip Code:

Telephone Number: _____

Name of person discriminated against (if someone other than complainant):

Street Address, City, State, Zip Code:

I believe the discrimination I experienced was based on (check all that apply)

() Race () Color () National Origin () Disability

Date of Alleged Discrimination: (Month, Day, Year)

Please describe the alleged discrimination incident. Provide the names and titles of all Commerce Municipal Bus Lines employees involved if available. Explain what happened and whom you believe was responsible. If necessary; use back of this form.

Have you filed a complaint with any other Federal, State, or local agencies? (Circle one)

Yes / No

If so, please complete information below.

Agency:

Contact Name:

Street Address, City, State, Zip Code:

Phone:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant Signature:

Date: