

## Attachment A

### Macoupin County Public Transportation Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please indicate why you believe that discrimination occurred:

\_\_\_\_\_ race or color \_\_\_\_\_ national origin \_\_\_\_\_ income \_\_\_\_\_ other \_\_\_\_\_ religion \_\_\_\_\_ family status \_\_\_\_\_ disability

*The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by the Title VI of the Civil Rights Act of 1964. Executive Order 12898. "Federal Actions to Address Environmental Justice in Minority Populations and low-income Populations." and the Department of Transportation's Guidance to Recipients to Special language Services to Limited English Proficient (LEP) Beneficiaries.*

*In MCPT's complaint investigation process, we analyze the complaint's allegations for possible Title VI and related deficiencies by the 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. The State of Illinois may also refer the matter to the U.S. Department of Justice for enforcement,*

#### 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 the answer was `no` please supply the name 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

Have you previously filed a Title VI complaint with MCPT of the FTA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your FTA Complaint Number? \_\_\_\_\_

*(Note: This information is needed for administration purposes: we will assign the same complaint number to the new complaint.)*

Have you ever filed with any of the following agencies?

Transit Provider \_\_\_\_\_ IDOT \_\_\_\_\_ Department of Justice \_\_\_\_\_

Equal Employment Opportunity Commission \_\_\_\_\_ Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of the complaint form.

*(Note: The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we will defer to the decision of the court.)*

#### Section IV

You should include specific details such as names, dates, time, route number, witnesses and any other information that would assist us in or investigation of your allegations. Please also provide any other documentation that us relevant to this complaint.

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it:

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Please list any and all witnesses' names and phone numbers:

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What type of corrective action would you like to see taken?

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#### Section V

May we release a copy of your complaint to the Federal Transit Administration (FTA) or Illinois Department of Transportation (IDOT)? Yes \_\_\_\_\_ No \_\_\_\_\_

May we release your identity to The FTA or IDOT? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that this complaint will be reviewed by the Macoupin County Public Health Department/Macoupin County Public Transportation and that corrective faction will be taken if indicated. I also understand that I may carry this complaint to the relevant city, state and federal agencies if not satisfied with the results of this investigation.

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Title VI Coordinator at:

Macoupin County Public Health Department  
Title VI Coordinator  
805 N Broad St  
Carlinville IL 62626

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: We cannot accept your complaint without a signature)