

# APPENDIX (cont.)

## TITLE VI COMPLAINT PROCEDURES

1. Any person who believes that they have been subjected to discrimination may file a written complaint with Western Placer Consolidated Transportation Services Agency (WPCTSA). Federal and State law requires complaints be filed within one-hundred eighty (180) calendar days of the last alleged incident. The complaint procedure may be obtained from the WPCTSA web page at [wpctsa.net/title-vi](http://wpctsa.net/title-vi). The complaint procedure may be requested via e-mail at [pctp@pctp.net](mailto:pctp@pctp.net). The complaint procedure can also be obtained by writing to the WPCTSA Title VI Coordinator:

*Title VI Coordinator  
Placer County Transportation Planning Agency  
299 Nevada Street  
Auburn, California 95603*

2. The complaint must be completed on the form included in this document. The complaint may be sent to the Title VI Coordinator at the address noted above.
3. Complainants also have the right to complain directly to the Federal Transit Administration Office of Civil Rights at:  
*Attention Title VI Program Coordinator, East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590*
4. WPCTSA will begin an investigation within fifteen (15) working days of receipt of a complaint.
5. WPCTSA will complete the investigation within ninety (90) days of receipt of the complaint. If additional time for investigation is needed, the Complainant will be contacted. A written investigation report will be prepared by the investigator. This report shall include a summary description of the incident, findings and recommended action.
6. A closing letter will be provided to the complainant. The respondent will also receive a copy of the closing letter. If the complainant is unsatisfied with the decision, they have 30 days from the date of WPCTSA's closing letter or letter of finding to appeal to the WPCTSA Executive Director or their designee. The complainant is entitled to review the denial, to present additional information and arguments, and to separation of functions (i.e., a decision by a person not involved with the initial decision to deny eligibility). The complainant is entitled to receive written notification of the decision of the appeal and the reasons for it.

# APPENDIX (cont.)

## TITLE VI COMPLAINT FORM

Section 601, under Title VI of the Civil Rights Act of 1964 states 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 have been discriminated against, please provide the following information in order to assist WPCTSA in processing your complaint.

### SECTION 1 (Please print clearly):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_(Home) \_\_\_\_\_(Work)  
Accessible format requirements? \_\_\_\_ (Large print) \_\_\_\_ (Audiotape) \_\_\_\_ (TTY) \_\_\_\_  
(Other)

### SECTION 2

Are you filing this complaint on your own behalf? \_\_\_\_ (Yes) \_\_\_\_ (No)

If you answered yes to this question, go to Section 3.

If not, supply the name and relationship of the person for whom you are complaining:

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

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 the third party. \_\_\_\_ (Yes) \_\_\_\_ (No)

### SECTION 3

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

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin

Date and Place of Occurrence: \_\_\_\_\_

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

\_\_\_\_\_  
\_\_\_\_\_

The action or decision which caused me to believe I was discriminated against is as follows: (Please include a description of what happened and how your benefits were denied, delayed or affected):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPENDIX (cont.)

## TITLE VI COMPLAINT FORM (cont.)

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 4

Have you previously filed a Title VI complaint with this agency? \_\_\_\_ (Yes) \_\_\_\_ (No)

### SECTION 5

Have you filed this complaint with any other Federal, State, or local agency, or with any court?

\_\_\_\_ (Yes) \_\_\_\_ (No)

If yes, check all that apply:

Federal Agency \_\_\_\_ Federal Court \_\_\_\_ State Agency \_\_\_\_ State Court \_\_\_\_

Local Agency \_\_\_\_

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

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

Agency: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

I believe the above information is true and correct to the best of my knowledge.

Signature and date required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# **APPENDIX (cont.)**

## **RECEIPT OF TITLE VI COMPLAINT LETTER**

Date

Complainant  
1234 Main St.  
Auburn, CA 95603

Dear Complainant:

This letter is to acknowledge receipt of your complaint against WPCTSA alleging \_\_\_\_\_

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An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning (530) 823-4030, or write to:

Western Placer Consolidated Transportation Services Agency  
Attn: Title VI Coordinator  
299 Nevada Street  
Auburn, CA 95603

Sincerely,

WPCTSA Title VI Coordinator

# **APPENDIX (cont.)**

## **FINDING THAT COMPLAINT IS SUBSTANTIATED**

Date

Complainant  
1234 Main St.  
Auburn, CA 95603

Dear Complainant:

The matter referenced in your letter of \_\_\_\_\_ (date) against WPCTSA alleging a Title VI violation has been investigated.

(An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. Your input was helpful during our review of this matter. (If a hearing is requested, the following sentence may be appropriate.) You may be hearing from this office, or from Federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

WPCTSA Title VI Coordinator

# APPENDIX (cont.)

## FINDING THAT COMPLAINT IS NOT SUBSTANTIATED

Date

Complainant  
1234 Main St.  
Auburn, CA 95603

Dear Complainant:

The matter referenced in your complaint of \_\_\_\_\_ (date) against Western Placer Consolidated Transportation Services Agency (WPCTSA), alleging \_\_\_\_\_ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, have in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving Federal financial assistance.

WPCTSA has analyzed the materials and facts pertaining to your case for evidence of WPCTSA's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to appeal this decision within 30 days of receipt of this final written decision from WPCTSA.

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to contact me.

Sincerely,

WPCTSA Title VI Coordinator