

## Title VI Complaint Procedures

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

Upon receipt of the complaint, the Executive Director of RCCA shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. The complainant will receive an acknowledgment letter informing her/him whether the complaint will be investigated by our office.

The Agency has 30 days to investigate the complaint. If more time is required, the Executive Director shall notify the Complainant of the estimated time frame for completing the review. If more information is needed to resolve the case, the Agency 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 Agency can administratively close the case. A case can be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two 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. An 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 disagrees with the Agency's response, he or she may request reconsideration by submitting the request, in writing, to the Executive Director within 10 calendar days after receipt of the Agency's response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Agency. The Executive Director will notify the Complainant of the Agency's decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Agency agrees to reconsider, the matter shall be returned to the staff review officer(s) to reevaluate in accordance with Paragraph 2 above.

If the request for reconsideration is denied, the Complainant may appeal the Agency's response by submitting a written appeal to The Flint Hills Area Transportation Agency Inc. Board of Directors no later than 10 calendar days after receipt of the Agency's written decision rejecting reconsideration. Flint Hills Area Transportation Agency Inc. Board of Directors will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to Kansas Department of Transportation for further investigation.

A person may file a complaint directly with the Kansas Department of Transportation:

KDOT Office of Contract Compliance  
Eisenhower State Office Building  
700 SW Harrison 3<sup>rd</sup> Floor , Topeka, KS 66603

Or the Federal Transit Administration:

The Federal Transit Administration  
FTA Office of Civil Rights  
1200 New Jersey Avenue SE, Washington, DC 20590

**COMPLAINT FORM LOCATED ON FOLLOWING PAGE**

# Title VI Complaint Form

## RICE COUNTY COUNCIL ON AGING

### Title VI Complaint Form

The RCCA 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 in the provision of transportation services and transit-related benefits.

The purpose of this form is to assist you in filing a complaint with the Flint Hills Area Transportation Agency Inc.

You are not required to use this form: a letter containing the same information will be sufficient. It is important, however, to include all information related to sections marked with a star (\*), whether or not the form is used.

If you need assistance in completing this form, please call the RICE COUNTY COUNCIL ON AGING at 785-537-6345 or 1-877-551-6345.

Section I: *				
Name:				
Address:				
City:			State/Zip:	
Telephone (Home):			Telephone (Cell):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
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 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 III: \*

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

Race/Color

Religion

National Origin

Age

Sex

Disability

Date(s) of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. Be sure to include how other persons were treated differently from you. If more paper is needed, please use the back of this form.

Do you have any other information you think is relevant to our investigation of your allegations?

Section IV:

Have you, or the person discriminated against, previously filed a Title VI complaint with this agency?

Yes

No

Section V:

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

Yes       No

If yes, check all that apply:

Federal Agency

Federal Court

State Court

State Agency

Local Agency

If you have already filed a charge or complaint with an agency indicated above, please provide the following information (attach additional pages if necessary):

Agency Name:

Date Filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Name of Investigator:
Status of Case:
Results:
Additional Comments:
Section VI:
How did you learn that you could file this complaint?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Signature and date required.

Please feel free to attach any written materials or other information to explain the present situation to us.

Please mail the completed and signed Title VI Complaint Form (make one copy for your records) to:

RICE COUNTY COUNCIL ON AGING  
114 EAST AVENUE NORTH  
LYONS, KS 67554  
ATTN: Executive Director