

# UTRANS NON-DISCRIMINATION COMPLAINT PROCEDURES



These procedures apply to all complaints from any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, national origin, religion, sex, disability or age has been excluded from or denied the benefits of, or subjected to discrimination caused by the Umpqua Transit System. A written complaint may be filed with the Umpqua Transit's Title VI / ADA Civil Rights Administrator under Title VI of the Civil Rights Act of 1964 as amended or The Americans with Disabilities Act of 1990 (ADA) relating to any program or activity administered by UTrans or its sub-recipients, consultants and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that **does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.**

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and the Title VI Compliance Manager may be utilized for resolution, at any stage of the process. The Title VI Compliance Manager will make every effort to pursue a resolution of the complaint. Initial interviews with the complainant and the respondent will request information regarding specifically requested relief and settlement opportunities.

## **Procedures.**

1. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited by Title VI or ADA nondiscrimination provisions may file a written complaint within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. The complaint must meet the following requirements:
  - Complaint shall be in writing and signed by the complainant(s).
  - Include the date of the alleged act of discrimination, date when the complainant(s) became aware of the alleged discrimination; or the date on which that conduct was discontinued or the latest instance of the conduct.
  - Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the incident.
  - Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have

been established. **The complainant is required to mail a signed, original copy of the fax or e-mail transmittal for UTrans to be able to process it.**

- Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing. **A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to UTrans for processing.**
2. Upon receipt of the complaint, the Title VI / ADA Compliance Manager will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint.
  3. In order to be accepted, a complaint must meet the following criteria:
    - The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
    - The allegation(s) must involve a covered basis such as race, color, national origin, religion, sex, disability or age.
    - The allegation(s) must involve a program or activity of a Federal-aid recipient, sub-recipient, or contractor.
  4. A complaint may be dismissed for the following reasons:
    - The complainant requests the withdrawal of the complaint.
    - The complainant fails to respond to requests for additional information needed to process the complaint.
    - The complainant cannot be located after reasonable attempts.
  5. Once UTrans decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within seven (7) calendar days. The complaint will receive a case number and will then be logged into UTrans' records identifying its basis and alleged incident(s).
  6. In cases where UTrans assumes the investigation of the complaint, UTrans will provide the respondent with the opportunity to respond to the allegation(s) in writing. The respondent will have ten (10) calendar days from the date of UTrans' written notification of acceptance of the complaint to furnish his/her response to the allegation(s).
  7. UTrans will notify the parties of its final decision.

# Title VI / ADA Complaint Form

*Note: The following information is needed to assist in processing your complaint.*

## **Complainant's Information:**

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

## **Person Discriminated Against (If someone other than complainant):**

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

## **Which of the following best describes the reason you believe the discrimination took place:**

Race/Color (Specify): \_\_\_\_\_ National Origin (Specify): \_\_\_\_\_ Age: \_\_\_\_\_

Religion \_\_\_\_\_ Sex \_\_\_\_\_ Disability: \_\_\_\_\_

**On what date(s) did the alleged discrimination take place?** \_\_\_\_\_

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, please add a sheet of paper):

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List names and contact information of persons who may have knowledge of the alleged discrimination:

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**Have you filed this complaint with any other federal, state, or local agency, or with a federal or state court? Check all that apply.**

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

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

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

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

City/State/Zip: \_\_\_\_\_

Telephone Number (Work): \_\_\_\_\_

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

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachments:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Submit form and any additional information to:**

Umpqua Transit  
Title VI / ADA Compliance Manager  
610 SE Rose Street  
Roseburg, Oregon 97470  
Phone: (541) 440-6500  
Fax: (541) 229-0036