

DISCRIMINATION COMPLAINT PROCEDURES

Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color, or national origin. Subsequent laws and Presidential Executive Orders added handicap, sex, age, income status and limited English proficiency to the criteria for which discrimination is prohibited, in programs and activities receiving federal financial assistance. As a sub-recipient of federal assistance, the Tri-Cities MPO has adopted a Discrimination Complaint Procedure as part of its Title VI Plan to comply with Title VI and associated statutes.

1. Any person who believes that he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, as amended, or any nondiscrimination authority, may file a complaint with the Tri-Cities MPO. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the Tri-Cities MPO Title VI Coordinator for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after:
 - a. The date of the alleged act of discrimination; or
 - b. Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

The recipient or his/her designee may extend the time for filing or waive the time limit in the interest of justice, specifying in writing the reason for so doing.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints should set forth as fully as possible the facts and circumstances surrounding the claimed discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of the recipient, the person shall be interviewed by the Title VI Coordinator. If necessary, the Title VI Coordinator will assist the person in putting the complaint in writing and submit the written version of the complaint to the person for signature. The complaint shall then be handled in the usual manner.
4. Within 10 days, the Tri-Cities MPO Title VI Coordinator will acknowledge receipt of the allegation in writing, inform the complainant of action taken or proposed action to process the allegation, advise the respondent of their rights under Title VI and related statutes, and advise the complainant of other avenues of redress available, such as the Virginia Department of Transportation (VDOT) and the Federal Highway Administration (FHWA).
5. Within 10 days, a letter will be sent to the VDOT Central Office, Civil Rights Division, and a copy to the FHWA Virginia Division Office. This letter will list the names of the parties involved, the basis of the complaint, and the assigned investigator.
6. In the case of a complaint against the Tri-Cities MPO, a VDOT investigator will prepare a final investigative report and send it to the complainant, respondent (Tri-Cities MPO/CPDC person listed), the Tri-Cities MPO Title VI Coordinator, and FHWA Virginia Division.
7. Generally, the following information will be included in every notification to the VDOT Office of Civil Rights:

- a. Name, address, and phone number of the complainant.
- b. Name(s) and address(es) of alleged discriminating official(s).
- c. Basis of complaint (i.e., race, color, national origin, sex, age, handicap/disability, income status, limited English proficiency).
- d. Date of alleged discriminatory act(s).
- e. Date of complaint received by the recipient.
- f. A statement of the complaint.
- g. Other agencies (state, local or federal) where the complaint has been filed.
- h. An explanation of the actions the recipient has taken or proposed to resolve the issue raised in the complaint.

8. Within 60 days, the Tri-Cities MPO Title VI Coordinator will conduct and complete an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to the Executive Director of the recipient of federal assistance. The complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the report of findings.

9. Within 90 days of receipt of the complaint, the Tri-Cities Title VI Coordinator will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with the Virginia Department of Transportation or the Federal Highway Administration, if they are dissatisfied with the final decision rendered by the Tri-Cities MPO. The Tri-Cities MPO's Title VI Coordinator will also provide the VDOT Civil Rights Central Office with a copy of the determination and report findings.

10. In the case a nondiscrimination complaint that was originated at the Tri-Cities MPO is turned over to and investigated by VDOT, FHWA or another agency, the Tri-Cities MPO Title VI Coordinator will monitor the investigation and notify the complainant of updates, in accordance with applicable regulations and VDOT policies and procedures.

11. In accordance with federal law, the Tri-Cities MPO will require that applicants of federal assistance notify the Tri-Cities MPO of any law suits filed against the applicant or sub-recipients of federal assistance or alleging discrimination; and a statement as to whether the applicant has been found in noncompliance with any relevant civil rights requirements.

12. The Tri-Cities MPO will submit Title VI accomplishment reports to the VDOT Central Office, Civil Rights Division, in compliance with VDOT's established processes.

13. The Tri-Cities MPO will collect demographic data on staff, committees, and program areas in accordance with 23 CFR, 49 CFR and VDOT's established procedures and guidelines.

14. Pursuant to the Virginia Public Records Act (VPRA) § 42.1-76 et seq., the Tri-Cities MPO will retain Discrimination Complaint Forms and a log of all complaints filed with or investigated by the Tri-Cities MPO.

15. Records of complaints and related data will be made available by request in accordance with the Virginia Freedom of Information Act.

DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Tri-Cities Metropolitan Planning Organization, Title VI Coordinator, 1964 Wakefield Street, Petersburg, VA 23805

You can reach our office Monday-Friday from 9:00 am to 5:00 pm at (804) 861-1666, or you can email the Tri- Cities MPO Title VI Coordinator at jvinsh@craterpdc.org

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. (Home): _____ Business: _____

Email Address: _____

Person discriminated against (if other than complainant):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

The name and address of the agency, institution, or department you believe discriminated against you. Name:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use the back of form or attach extra sheets to form.

This complaint involves a specific individual (s) associated with the TCAMPO ? If so, provide the name (s) of the person (s) , if known . _____

Where the incident take place ? _____

Are there any witnesses ? If so , please provide your contact information:

Name : _____

Street address: _____

City State: _____

Phone: : _____

Postal Code: _____

Name: _____

Street address: _____

City State: _____

Phone: _____

Postal Code: _____

Did you file this complaint with another federal , state or local agency , or in federal or state court ?

Yes

No

If yes, check each complaint was filed with the agency :

Federal Agency

State Court

Federal Court

Local Agency

State Agency

Other

Please provide the contact information for the agency also filed a complaint with :

Name: _____

Street address: _____

City State: _____

Date of presentation: _____

Postal Code: _____

Sign complaint in the space below . Attach any documents that you believe support your complaint.

Signature of Applicant Date Signature

For internal use only :

Enter #:

DISCRIMINATION COMPLAINT FORM IN SPANISH

Por favor, provea la siguiente información con el fin de procesar su queja. La ayuda está disponible bajo petición. Complete este formulario y envíelo por correo o entregar a:

Tri-Cities Organización de Planificación Metropolitana, Coordinador del Título VI, 1964 Wakefield Street, Petersburg, VA 23805

Puede llegar a nuestra oficina de lunes a viernes de 8:30 am a 5:00 pm al (804) 861-1666, o puede enviar el Tri-Cities Coordinador del Título VI a jvinsh@craterpdc.org

Nombre del querellante: : ____

Dirección: : _____

Ciudad: _____ Estado: _____

Código postal: _____

Teléfono (Casa): : _____ (Negocios): : ____

Dirección de correo electrónico: : ____

Persona de discriminación (si no es demandante): Nombre:

: _____

Dirección: : _____

Ciudad: _____ Estado: _____

Código postal: _____

Teléfono: : ____

El nombre y la dirección de la agencia, institución o departamento que usted cree que discriminó en su contra.

Nombre: ____

Dirección: ____

Ciudad: _____ Estado: _____

Código postal: _____

Fecha del incidente que resulta en la discriminación: _____

Describa cómo fue discriminado. ¿Qué pasó y quién fue el responsable? Si se necesita espacio adicional, por favor, o bien utilizar el reverso del formulario o adjuntar hojas adicionales a la forma.

Esta denuncia implica a un individuo específico (s) asociado con el CVMPO? En caso afirmativo, indique el nombre (s) de la persona (s), si se conoce.

¿Dónde se llevará a cabo el incidente?

¿Hay testigos? Si es así, por favor proporcione su información de contacto:

Nombre: : _____

Dirección: : _____

Ciudad: _____ Estado: _____

Código postal: _____

Teléfono: : _

Nombre: : _____

Dirección: : _____

Ciudad: _____ Estado: _____

Código postal: _____

Teléfono: : _

¿Presentó esta queja con otra agencia federal, estatal o local, o ante un tribunal federal o estatal?

Sí

Not

Si la respuesta es Sí, marque cada queja se presentó ante la agencia:

Agencia Federal para el

Tribunal Federal

Agencia Estatal de

Corte del Estado de

Agencia Local

Otro

Sírvanse proporcionar información la persona de contacto para la agencia también se presentó la queja con:

Nombre: : _____

Dirección: : _____

Ciudad: _____ Estado: _____

_____ Fecha de presentación: : __

Código postal: _____

Firme la queja en el espacio de abajo. Adjunte cualquier documento que considere apropiado para respaldar su queja.

Firma del Demandante

Fecha Firma



Sólo para uso interno:

Entrar #: _____

