4.0 Title VI Procedures and Compliance

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to member of the public.

4.1 Complaint Procedure

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

Once the complaint is received, Brooks County Transit System will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Brooks County Transit System has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Brooks County Transit System may contact the complainant. The complainant has ten (10) 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 ten (10) business days, Brooks County Transit System can administratively close the case. A case can also 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. A 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 wishes to appeal the decision, she/he has seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Brooks County Transit System's website (www.brookscountyga.us).

4.2 Complaint Form

A copy of the complaint form is provided in English in Appendix E and is available at the Brooks County Board of Commissioners Office and on Brooks County website (www.brookscountyga.us).

The complaint form must be provided in any languages spoken by the LEP population which meet the Safe Harbor threshold (See Appendix G).

Brooks County Transit System

Title VI Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this compla		Yes*	No		
*If you answered "yes" to	o 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 h	ave filed for a third party:		L		
Please confirm that you have obtained the permission of the aggrie			Yes	No	
party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race	[] Color	[] National Origin [] Age			
[] Disability	[] Family or Religious Status	[] Other (explain)			
Date of Alleged Discrimination (Month, Day, Year):					
persons who were involv	ible what happened and why you bed. Include the name and contact inames and contact information of	nformation of th	e person(s) who disc	riminated against	
Section IV					
Have you previously filed	cy?	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 Agency
[] State Court	[] Local Agency
Please provide information about a contact person a	t the agency/court where the complaint was filed.
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	No. of the second secon
Telephone number:	
You may attach any written materials or other inf Signature and date required below	formation that you think is relevant to your complaint.
Signature	Date

Please submit this form in person at the address below, or mail this form to:

Brooks County Transit System Title VI Liaison Patricia A. Williams, Interim Administrator/Clerk P.O. Box 272 Quitman, GA 31643