

SECTION 2.1 – TITLE VI COMPLAINT POLICY

Title VI of the Civil Rights Act of 1964 states the following:

"No person in the United States shall, on the grounds 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."

Spokane Transit is committed to complying with the requirements of Title VI.

Submitting a Title VI Complaint

If you believe you have been discriminated against on the grounds of race, color or national origin, you may file a written and signed complaint within sixty (60) days of the date of alleged discrimination. The complaint should include the following information:

- Your name, address, and how to contact you (i.e., telephone number, email address, etc.)
- How, when, where, and why you believe you were discriminated against. Include the location, names, and contact information of any witnesses.

Or, for your convenience and to ensure that you provide all the necessary information to assist us in processing your complaint, a discrimination complaint form is available online or at the Spokane Transit Bus Shops. The form also can be mailed to you upon request.

If you require assistance to complete this form, or if you are a person who is disabled and needs this form produced in an alternative format, please contact the Community Ombudsman.

Forms are available at:

The Bus Shop at The Plaza
707 W Riverside Ave, Spokane

The Bus Shop, Too
1229 W Boone Ave, Spokane

SECTION 2.2 – TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires 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.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to:

Community Ombudsman

Spokane Transit
1230 W Boone Ave
Spokane, WA 99201

1. Complainant’s Name _____
2. Address _____
3. City: State: Zip Code _____
4. Telephone Number (home) _____ (alternative number) _____
5. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:
 a. Race/Color
 b. National Origin
6. The date the alleged discrimination took place _____

Please submit complaints, questions, requests for forms, or requests for alternative formats to:

Community Ombudsman

Spokane Transit
1230 W Boone Ave
Spokane, WA 99201

Phone:(509) 325-6094

TDD:(509) 232-6555

Email:

Spokane Transit does not accept Title VI complaints via email. However, you can request a complaint form at smillbank@spokanetransit.com

Discrimination Complaint Guidelines

In order for Spokane Transit to investigate a complaint, the following guidelines must be met:

- The issue must be one of discrimination because of race, color, or national origin in order for Spokane Transit to investigate the charge of discrimination.
- It is necessary to show that because of your race, color or national origin, you have been treated in a manner that has caused your access to Spokane Transit's facilities or services to be restricted or refused.
- The complaint must be filed within 60 calendar days from the date of the alleged discriminatory act.

Complainants may also file a Title VI complaint with an external entity such as the Federal Transit Administration (FTA), other federal or state agency, or a federal or state court. However, should a complaint be filed with Spokane Transit and an external entity simultaneously, the external complaint will supersede the Spokane Transit complaint and Spokane Transit's complaint procedures will be suspended pending the external entity's findings.

7. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

8. Please give the name, mailing address, telephone number, and alternative phone number for anyone who witnessed the alleged discrimination.

9. What would you consider an appropriate resolution to your complaint?

10. Have you filed this complaint with any other agency?

Yes No

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

Complainant's Signature _____

Date _____