

Title VI Complaint and Investigation Procedures

Gastonia Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Gastonia Transit. Any individual, group or individuals or entity that believes they have been subjected to discrimination prohibited under Title VI and related statutes may file a written complaint to the following address:

Gastonia Transit
Attn: Title VI Coordinator
PO Box 1748
Gastonia, NC 28053-1748
Phone (704) 836-0039

Complaint procedures and form may also be obtained on the City of Gastonia website at www.cityofgastonia.com. If information is needed in another language, please contact the Title VI Coordinator at (704) 836-0039.

The following measures will be taken to resolve Title VI complaints:

- (1) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address and telephone number; name of alleged discriminating official, basis of complaint (race, color, national origin, sex, disability, age), and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.
- (2) In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Transit Supervisor. Under these circumstances, the complainant will be interviewed, and the Transit Supervisor will assist the Complainant in converting the verbal allegations in writing.
- (3) When a complaint is received, Gastonia Transit will provide written acknowledgment to the Complainant, within ten (10) days by registered mail.
- (4) If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.
- (5) Within fifteen (15) business days from receipt of a complete complaint, Gastonia Transit will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Fleet Services Manager or his/her authorized designee will notify the Complainant and Respondent, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the complaint is to be investigated, the notification shall state the grounds of Gastonia Transit's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.

- (6) When Gastonia Transit does not have sufficient jurisdiction, the Fleet Services Manager or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.
- (7) If the complaint has investigative merit, the Fleet Services Manager or his/her authorized designee will assign an investigator. A complete investigation will be conducted, and an investigate report will be submitted to the Fleet Services Manager within sixty- (60) days from receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations and conciliatory measures where appropriate. If the investigation is delayed for any reason, the investigator will notify the appropriate authorities, and an extension will be requested.
- (8) The Fleet Services Manager or his/her authorized designee will issue letters of finding to the Complainant and Respondent within ninety- (90) days from receipt of the complaint.
- (9) If the Complainant is dissatisfied with Gastonia Transit's resolution of the complaint, he/she has the right to file a complaint with the:

**Department Office of Civil Rights
US Department of Transportation
400 7th street, SW, Room #10215, S-30
Washington, DC 20590**

(202) 366-4648

(202) 366-5992

TTY Access: (202) 366-9696

DC Relay: (202) 855-1000

**Gastonia Transit
Title VI Complaint Form**

First Name:	Last Name:	Phone Number:
Mailing Address:		City, State, Zip Code
Basis of discriminatory action(s):		
<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability	<input type="checkbox"/> Sex	<input type="checkbox"/> Limited English
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.		
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages if necessary)		
Name(s) of individual responsible for the discriminatory action(s):		
Name(s) of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to investigate your complaint:		
Name	Address	Phone Number
The law prohibits intimidation or retaliation against anyone because he/she either takes action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.		

Have you filed, or intend to file, a charge or complaint regarding the matters related in this complaint with any of the following? If yes, please provide the filing dates. Check all that apply.	
<input type="checkbox"/> North Carolina Department of Transportation	Date:
<input type="checkbox"/> Federal Transit Administration	Date:
<input type="checkbox"/> Federal Highway Administration	Date:
<input type="checkbox"/> US Department of Justice	Date:
<input type="checkbox"/> US Department of Transportation	Date:
Please provide any additional information that you believe would assist with an investigation.	
Briefly explain what remedy, or action, you are seeking for the alleged discrimination.	

**WE CANNOT ACCEPT AN UNSIGNED COMPLAINT.
PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

Complainant Signature

Date

Mail complaint form to:

**Gastonia Transit
Attn: Title VI Coordinator
PO Box 1748
Gastonia, NC 28053-1748
Phone (704) 836-0039**

For Office Use Only	
Date Complaint Received:	Reviewer Initials: