

HOW TO MAKE A TITLE VI OR DISCRIMINATION COMPLAINT

1. If you wish to make a complaint about the services or benefits of the City of Fargo Transit Department please:
 - a. Come to the applicable department and tell the receptionist that you want to make a complaint; or
 - b. Call the department, tell the person answering the phone that you wish to speak to the supervisor of the department, and that you wish to make a complaint; or
 - c. Fill out the complaint form and mail to:

**City of Fargo Transit Department
650 23rd Street N
Fargo, ND 58102**

2. Your mail-in complaint will be forwarded to appropriate office.
3. A supervisory official will assist you in filling out the correct complaint form. The form asks you to identify yourself and gives specific details about your complaint.
4. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
5. If it is going to take a long time to investigate your complaint, you will receive a letter telling you approximately when you may expect a reply.
6. Once your complaint has been investigated, a City of Fargo Transit Department representative will response to you in writing explaining the outcome of the investigation.



CITY OF FARGO TRANSIT TITLE VI & DISCRIMINATION COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact the MATBUS Mobility Manager at (701) 476-5967. Sign and return to: MATBUS, 650 23rd St. N., Fargo, ND 58102.

Statement of confidentiality, privacy and protection:

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against a person because he or she has filed a complaint to secure rights protected by the nondiscrimination provisions of federal law. The identity of complainants must be kept confidential except to the extent necessary to carry out the investigation, hearing or judicial proceeding arising out of the complaint.

Section I – Type of Discrimination & Description

I believe the discrimination I experienced was based on (check all that apply):

- Race
- Color
- National Origin
- Sex
- Age
- Disability
- Income Status

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or attach a separate sheet of paper.

Section II – Complainant Information

Complainant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-Mail: _____

Accessible Format Requirements? Large Print TDD Audio Tape Other

Other Description: _____



Section III – Completed by

Are you filling this complaint out on your own behalf? Yes No

If Yes, go to **Section III**

If No, please supply the name and relationship of the person for whom you are complaining:

First and last name of person for whom you are filing: _____

Relationship of the person for whom you are filing: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section IV - Previous

Have you previously filed a Title VI complaint with this agency? Yes No

Section V – Other Agency Filing

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 at the agency/court where the complaint was filed.

Contact Name: _____ Contact Title: _____

Agency Name: _____ Phone: _____

Agency Address: _____

Agency City: _____ Agency State: _____ Agency Zip: _____

Section VI – Agency, Department or Facility

Name of agency complaint is against: _____

Contact person: _____ Contact Phone: _____

Contact Title: _____



**City of Fargo Transit
Title VI Complaint &
Discrimination Complaint**

650 23rd St N.

Fargo, ND 58102

Phone: (701) 476-5967 | Fax: (701) 241-8558

Section VII – Remedy Sought

Remedy complainant wants:

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

Signature and date required below.

Signature:

Date:

I understand that this statement of complaint will be submitted to the Transit Department and will be routed to the Transit Administration's office. The complaint may be the basis for review and/or investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

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

MATBUS Mobility Manager / Title VI Coordinator
650 23rd St N.
Fargo, ND 58102

Any person who believes himself/herself or any specific class of persons to be subjected to discrimination prohibited by Title VI may by himself/herself or by a representative file a written complaint either with the City of Fargo Transit Department or the Federal Transit Administration, 1961 Stout Street, Suite 13301, Denver, CO 80294 or the Federal Transit Administration at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. The complaint must be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.

Title VI of the Civil Rights Act of 1964 governs race color, and national origin. Related nondiscrimination Authorities govern sec, 23 U.S.C. 324; age, 42 U.S.C. 6101; disability/handicap, 29 U.S.C. 790; and low income, E.O. 12898.