## **Title VI Complaint Procedures**

The following Title VI complaint procedures are located on the LeeTran website and are in compliance with Title VI requirements.

As a recipient of federal financial assistance, LeeTran has in place the following Title VI complaint procedure.

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

Once the compliant is received, LeeTran will review it to determine if their office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by LeeTran or the OEO.

LeeTran has 30 days to investigate the complaint. If more information is needed to resolve the case, LeeTran may contact the complainant. The complainant has 30 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 30 business days, LeeTran 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 the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or if any other action will occur. If the complainant wishes to appeal the decision, she/ he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at (239) 533-8726. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone Work:	
Electronic Mail Address:		
Accessible Format Requirements?	Large Print TDD	Audio Tape Other
Section II:		<b>U</b> tter
Are you filing this complain on your own behalf? *If you answered "yes" to this question, go to Section III.	Yes*	No

for whom you are complaining:

If not, please supply the name and relationship of the person

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved	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

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. Please include any other information that would assist us in our investigation of the allegations. Please also provide any other documentation that is relevant to this complaint.

Section IV	
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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.

Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any wirtten materials or other information that you think is relevant to your complaint. Signature and date required below.

Signature

Date

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

LeeTran Robert L. Codie, III, Transit Director 3401 Metro Parkway Fort Myers, Florida 33901