

## **TITLE VI COMPLAINT PROCEDURE**

### **Ohio-Kentucky-Indiana (OKI) Regional Council of Governments**

This document is provided by the OKI Regional Council of Governments for a contractor, subcontractor, vendor or member of the general public to seek recourse if the individual is of the opinion that he or she has been unjustly served during the course of interaction with OKI and its transportation planning process.

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the OKI Regional Council of Governments (hereinafter referred to as "the Authority") may file a Title VI complaint by completing and submitting OKI's Title VI Complaint Form. The Authority investigates complaints received no more than 180 days after the alleged incident. The Authority will process complaints that are complete.

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

The Authority has ten business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant via a letter. The complainant has ten 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 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue his or her case.

After the investigator reviews the complaint, he or she 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. An 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, he or she has ten business 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, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact 800-750-0750 (Ohio Relay Service).

**TITLE VI COMPLAINT FORM  
Ohio-Kentucky-Indiana (OKI)  
Regional Council of Governments**

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to 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 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
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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. If more space is needed, please use the back of this form.				

Section IV:		
Have you previously filed a Title VI complaint with this Agency?	Yes	No
Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency _____		
<input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____		
<input type="checkbox"/> State Court _____ <input type="checkbox"/> 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 written materials or other information 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:

Florence Parker, Title VI Coordinator  
OKI Regional Council of Governments  
720 East Pete Rose Way – Suite 420  
Cincinnati, OH 45202