

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 "OKI") may file a Title VI complaint by completing and submitting OKI's Title VI Complaint Form. OKI accepts complaints received no more than 180 days after the alleged incident.

Once the complaint is received, OKI will review it to determine if our office can resolve the complaint informally. The complainant will receive an acknowledgement letter informing him or her whether the complaint can be resolved informally or must be handled and investigated by the Ohio Department of Transportation (ODOT), or the Kentucky Transportation Cabinet (KYTC), or the Federal Transit Administration (FTA), or the Federal Highway Administration (FHWA).

If resolved informally OKI has ten business days to investigate the complaint. However, if the complaint is handled by ODOT, or KYTC, or FTA, or FHWA the investigation must be completed within sixty (60) days. If more information is needed to resolve the case, OKI or ODOT or KYTC or FTA or FHWA may contact the complainant via a letter. The complainant has ten business days from the date of the letter to send the 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, OKI or ODOT or KYTC or FTA or FHWA 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. A 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 closure letter or the LOF to do so.

A person may also file a complaint directly with KYTC Office for Civil Rights & Small Business Development, 200 Mero Street, Frankfort, KY 40622, or FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590, or FHWA .

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

TITLE VI COMPLAINT FORM

Ohio-Kentucky-Indiana (OKI)

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin		
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Limited English Proficiency (LEP)		
<input type="checkbox"/> Age	<input type="checkbox"/> Low Income			
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.				

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

FORMULARIO DE QUEJA POR DISCRIMINACION CONFORME AL TITULO VI (TITLE VI COMPLAINT FORM) Ohio-Kentucky-Indiana (OKI)

Sección I:				
Nombre:				
Dirección:				
Teléfono (casa):			Teléfono (trabajo):	
Email:				
Formato deseado	Letras grandes		Cinta de audio	
	TDD		Otro formato	
Sección II:				
¿Está presentando esta queja en su propio nombre?		Sí*	No	
*Si ha contestado "sí" a esta pregunta, pase a la sección III.				
Si la respuesta es "no, escriba el nombre de la persona que presenta la queja y la relación que tiene con usted:				
Por favor, explique la razón por la cual usted presenta esta queja a nombre de un tercero:				
¿Tiene usted permiso de la persona agraviada para presentar esta queja en nombre de esa persona?			Sí	No
Sección III:				
Creo que la discriminación que he experimentado está basada en (marque todos los que correspondan):				
<input type="checkbox"/> Raza	<input type="checkbox"/> Género	<input type="checkbox"/> Nacionalidad		
<input type="checkbox"/> Color	<input type="checkbox"/> Discapacidad	<input type="checkbox"/> Dominio limitado del idioma inglés (LEP)		
<input type="checkbox"/> Edad	<input type="checkbox"/> Bajos recursos			
Fecha en que ocurrió la presunta discriminación (mes, día, año): _____				

Explique de la manera más clara posible lo ocurrido y por qué cree usted haber sido discriminado. Liste a todas las personas que estuvieron envueltas. Incluya el nombre y la información de contacto de la persona(s) que le ha discriminado (si lo sabe), y el nombre e información de contacto de cualquier testigo(s). Si necesita más espacio, use la parte de atrás de esta hoja.

Consejo Regional de Gobiernos (Regional Council of Governments)

Sección IV:

¿Ha presentado usted en el pasado una queja basada en el Título VI ante esta agencia?	Sí	No
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Sección V:

¿Ha presentado usted esta queja en cualquier otra agencia federal, estatal o local o en cualquier corte federal o estatal?

Sí No

Si respondió "Sí", marque todos los que correspondan:

Agencia federal _____

Corte federal _____ Agencia estatal _____

Corte estatal _____ Agencia Local _____

Por favor, proporcione información sobre la persona de contacto en la agencia/corte donde se presentó la queja.

Nombre: _____

Título: _____

Agencia/Corte: _____

Dirección: _____

Teléfono: _____

Sección VI

Nombre de la agencia contra la que se presentó la queja: _____

Persona de contacto: _____

Título: _____

No. de teléfono: _____

Usted puede adjuntar a este formulario cualquier información por escrito o cualquier otro tipo de información que usted crea que sea relevante a su queja.

Firma

Fecha

Por favor, entregue este formulario en persona en la dirección que aparece más abajo, o envíelo a:

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