

## TITLE VI POLICY NOTICE TO THE PUBLIC

County of Lackawanna Transit System (COLTS) gives public notice that it complies with Title VI of the Civil Rights Act of 1964 and all related statutes. Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." COLTS 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 COLTS. For more information on COLTS' Title VI Program, and the procedures to file a complaint, please:

- Call 570-346-2061, ext. 1263
- Email: <u>ksavage@coltsbus.com</u>
- Mail or visit our administrative office at 800 North South Road, Scranton, PA 18504.

Complaint procedures and forms are also available on COLTS' web site <u>www.coltsbus.com</u>.

A complainant may file a complaint directly with the Federal Transit Administration at the following address:

Federal Transit Administration Office of Civil Rights Attention: Title VI Program Coordinator East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590

If information is needed in another language, please call 570-346-2061, extension 1263. Si se necesita información en otro idioma, por favor llame al 570-346-2061, extensión 1263.



County of Lackawanna Transit System

## **TITLE VI COMPLAINT INSTRUCTIONS AND PROCEDURES**

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

Once the complaint is received, the complainant will receive an acknowledgment letter informing her/him whether the complaint will be investigated by our office.

COLTS has 60 days to investigate the complaint. If more information is needed to resolve the complaint, COLTS 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 complaint. If the investigator is not contacted by the complainant or does not receive the additional information within the 30 business days, COLTS can administratively close the complaint. A complaint can be administratively closed if the complainant no longer wishes to pursue the complaint.

After the investigator reviews the complaint, she/he will issue one of the two letters to the complainant; a closure letter or a date of finding. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the complaint will be closed. A letter of finding 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, she/he has 30 days after the date of the closure letter or letter of finding 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, D.C. 20590.

If information is needed in another language, please call 570-346-2061, extension 1263. Si se necesita información en otro idioma, por favor llame al 570-346-2061, extensión 1263.

TITLE VI COMPLAINT FORM	
Section 1	
Name:	
Address:	
Street Address City State Zip Code	
Telephone (Home): Telephone (Alternate):	
Electronic Mail Address:	
If you require accessible format(s), please check the appropriate box(es):	
□ Large Print □ Audio Tape □TDD □Other, please specify	
Section 2	
Are you filing this complaint on your own? □Yes (If yes, Go to Section 3) □No (If no, go to next line)	
Please provide the name and address of the person who alleges discrimination:	
Name:	
Address:	
Street Address    City    State    Zip Code      Please explain why you are filing this claim for a third party:    State    Zip Code	
Please confirm that you have obtained permission. $\Box$ Yes $\Box$ No	
Section 3	
I believe that the discrimination experienced was based on (check all that apply): □Race □Color □National Origin (includes Limited English Proficiency)	
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 and 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, pleatuse the back of the form or another sheet of paper.	se 
Section 4	
Have you previously filed a complaint with County of Lackawanna Transit System (COLTS)? Sea No	
Section 5	
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 and provide the name of the agency or court:  Federal    Agency:   Federal Court:     State Court:   Istate Agency:     Please provide information about a contact person at the agency/court where the complaint was filed.  Name:	
Section 6	
You may attach any written materials or other information that you think is relevant to your complaint.	
I affirm that I have read the above and that it is true to the best of my knowledge, information and belief. Signature and date required.	
Complainant's Signature Date	
Please submit this form and any additional materials in person or mail to: COLTS, Title VI Compliance Officer, 80 North South Road, Scranton, PA 18504. Si se necesita información en otro idioma, por favor llame al 570-346-2061, extensión 1263.	0
COLTS' use only: Date Received: Person receiving complaint:	