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TRANSIT TITLE VI COMPLAINT FORM

PART I - COMPLAINANT INFORMATION (Print all items legibly.)

Name		Telephone
Street Address/P.O. Box		Email Address
City	State	Zip Code

PART II - CAUSE OF DISCRIMINATION BASED ON [Check all appropriate box(es).]

Race Color National Origin

PART III - THE PARTICULARS ARE: (Include names, dates, places, and incidents involved in the complaint.) [If additional space is needed, attach extra sheet(s).]

PART IV - REMEDY SOUGHT [State the specific remedy sought to resolve the issues(s).]

PART V - VERIFICATION

Complainant's Signature _____ Date _____

Instructions

GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or groups(s) of persons shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by West River Transit. Any person or groups(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the West River Transit Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to Carol Anderson, West River Transit, 3750 East Rosser Avenue, Bismarck, ND 58501, 701-224-1876

6. PART I

Complete all information in this section.

PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV

State the minimum remedy acceptable for resolution of this complaint.

PART V

Sign and date this section to verify the information contained in Parts I through IV.

Complaints filed with Federal Transit Administration

Discrimination complaints based on race, color, or national origin may be filed with 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.

RECLAMOS DE DISCRIMINACIÓN EXTERNOS

Departamento de Transporte de Dakota del Norte, Derechos Civiles
SFN 51795 (10-2017)

PARTE I. INFORMACIÓN DEL RECLAMANTE (Escriba todos los puntos en letra de imprenta legible.)

Nombre		Número de teléfono
Dirección postal		Dirección de correo electrónico
Ciudad	Estado	Código postal

PARTE II. CAUSA EN LA QUE SE BASA LA DISCRIMINACIÓN

Marcar las casillas correspondientes	
Título VI de la Ley de Derechos Civiles de 1964	Otros estatutos/decretos ejecutivos contra la discriminación
<input type="checkbox"/> Raza <input type="checkbox"/> País de origen	<input type="checkbox"/> Sexo <input type="checkbox"/> Discapacidad <input type="checkbox"/> Dominio limitado del idioma inglés
<input type="checkbox"/> Color	<input type="checkbox"/> Edad <input type="checkbox"/> Nivel de ingresos

PARTE III. LOS DATOS PERSONALES SON

Incluir nombres, fechas, lugares e incidentes involucrados en el reclamo.

PARTE IV. REPARACIÓN SOLICITADA

Indique la reparación específica solicitada para resolver los problemas.

PARTE V. VERIFICACIÓN

Firma del reclamante	Fecha
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Instrucciones del NDDOT

Generales

1. Las instrucciones provistas dentro de este formulario no incluyen todas las posibles. Cualquier persona o grupo de personas que presenten reclamos de discriminación son responsables de todos los requisitos de procedimiento incluidos en el proceso de Reclamos de discriminación externos del NDDOT.
2. Conforme al Título VI de la Ley de Derechos Civiles de 1964 o los estatutos y reglamentaciones relacionados, ninguna persona o grupo de personas, por la raza, color, país de origen o sexo, edad, discapacidad, dominio limitado del idioma inglés o nivel de ingresos, podrá ser excluida de participar, se le podrán negar beneficios ni de otro modo podrá ser sometido a discriminación conforme a todos y cada uno de los programas, servicios o actividades administradas por el Departamento de Transporte de Dakota del Norte. Si una persona o grupo de personas cree que ha sido discriminado, puede presentar un reclamo.
3. Los reclamantes **deben** incluir toda la información requerida y **deben** cumplir con todos los plazos como se define en el proceso de Reclamos de discriminación externos del NDDOT.
4. Se deben adjuntar a este formulario copias legibles de toda la documentación disponible.
5. Todas las consultas se deben dirigir a División de Derechos Civiles, Departamento de Transporte de Dakota del Norte, 608 East Boulevard Avenue, Bismarck, ND 58505-0700, teléfono (701)328-2978, los usuarios de teléfono de texto 711 o (800)366-6888 (línea gratuita).

Parte I

Complete toda la información en esta sección.

PART IV - REMEDY SOUGHT [State the specific remedy sought to resolve the issues(s).]

PART V - VERIFICATION

Complainant's Signature _____ Date _____

Instructions for Completing External Complaint Form

GENERAL

1. Instructions provided within this form are not meant to be all inclusive. Any person or group(s) of persons filing external service complaints are responsible for all procedural requirements contained in the external complaints.

If this is a complaint regarding Title VI (race, color or national origin) or other Nondiscriminatory Statutes/Executive Orders (sex, disability, limited English proficiency, age or income status) complete the External Complaints of Discrimination form.

2. Complainants **must** include all required information and **must** meet all timeframes as defined in the **West River Transit External** Complaint Procedure.
3. Legible copies of all available pertinent documentation should be attached to this form.

All inquiries should be directed to Carol Anderson, Director, West River Transit, 3750 E Rosser Ave, Bismarck, ND 58501, 701-224-1876

PART 1

Complete all information in this section.

PART II

Check all boxes that apply indicating the basis for the complaint. If the complaint type is not listed, select "Other" and describe.

PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV

State the minimum remedy acceptable for resolution of this complaint.

PART V

Sign and date this section to verify the information contained in Parts I through IV.

Service Complaints Procedure

Service complaints should be resolved through informal resolution when possible. If informal means are not satisfactory, the following steps may be taken.

1. Persons who wish to place a service complaint must complete the form and submit it to West River Transit, Carol Anderson-Director, within 10 working days of the incident.
2. While the above indicates a complaint should be in writing and signed, West River Transit, will accept complaints in alternate formats from persons with disabilities, upon request.
3. Carol Anderson, Director, has the option to request additional information from the complainant and any other persons involved in the incident.
4. Carol Anderson, Director will investigate the alleged complaint and shall respond to the complainant in writing within 14 working days.
5. Carol Anderson, Director will log complaint, findings and any corrective action if needed.
6. If the complaint is not resolved satisfactorily to the complainant, the complainant may contact the Board to review the complaint. The Board must be contacted within 10 working days of the date of issuance of the written determination by the Agency Director.
7. The Board will investigate the complaint and respond within 20 working days in writing. All decisions made by the Board are final.