

SHELBY CITY TAXI SERVICE COMPLAINT PROCESS AND PROCEDURES

PURPOSE: These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, for alleged discrimination in any program or activity administered by the Shelby City Taxi Service (SCTS). The procedures also pertain to any complaints in conjunction with SCTS's Limited English Proficiency (LEP) Plan.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and a representative of the SCTS will be utilized for resolution. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited under any of the above mentioned statutes or programs may file a written complaint to the following address:

**Complaint Resolution
Shelby City Hall
43 West Main Street
Shelby, Ohio 44875
Phone: (419) 347-5131**

The following measures will be taken to resolve complaints:

- 1.) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address and telephone number; name of alleged discriminating person, basis of complaint (race, color, national origin, sex, disability, age), and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.
- 2.) In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint may be made by calling the phone number shown above. Under these circumstances, the complainant will be interviewed, and assisted in converting the verbal allegations to writing.
- 3.) When a complaint is received, a written acknowledgment will be provided to the complainant, within ten (10) days by registered mail.
- 4.) If a complaint is deemed incomplete, additional information will be requested, and the complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.

- 5.) Within 15 business days from receipt of a complete complaint, the SCTS will determine its jurisdiction in pursuing the matter, and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision the complainant will be notified of such decision, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the complaint is to be investigated, the notification shall state the grounds of the SCTS's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
- 6.) When the SCTS does not have sufficient jurisdiction, the complaint will be referred to the appropriate State or Federal agency holding such jurisdiction.
- 7.) If the complaint has investigative merit, the SCTS will assign an investigator. A complete investigation will be conducted, and an investigative report will be submitted to the SCTS within sixty (60) days from receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations and conciliatory measures where appropriate. If the investigation is delayed for any reason, the investigator will notify the appropriate authorities, and an extension will be requested.
- 8.) The SCTS will issue letters of finding to the complainant within ninety (90) days from receipt of the complaint. The SCTS shall make the final determination of appropriate resolution for all complaints
- 9.) If the complainant is dissatisfied with the SCTS's resolution of the complaint, he/she has the right to file a complaint with the:

**Departmental Office of Civil Rights
U.S. Department of Transportation
400 7th Street, S.W., Rm #10215, S-30
Washington D.C. 20590**

**(202) 366-4648
(202) 366-5992
TTY Access: (202) 366-9696
DC Relay: (202) 855-1000**

TITLE VI Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Were you discriminated against because of:

_____ Race _____ National origin _____ Color

_____ Other - describe _____

Date of alleged incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form, or additional sheets.
