

Hill Country Transit District

Filing a Discrimination Complaint

Any person who believes she/he has been discriminated against on the basis of race, color, or national origin by Hill Country Transit District (hereinafter referred to as “HCTD”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. HCTD investigates complaints received no more than 180 days after the alleged incident. HCTD will process complaints that are complete.

A person may also file a complaint directly with the Federal Transit Administration at the following address: FTA - Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has either filed a complaint to secure rights protected by the nondiscrimination statutes we enforce. Any individual alleging such harassment or intimidation may file a complaint with the Hill Country Transit District or the Federal Transit Administration.

Hill Country Transit District (HCTD)

Title VI Complaint Form

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"/> 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 and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:
 Hill Country Transit District
 Attn: Title VI Program Coordinator
 4515 W. U.S. Hwy. 190
 Belton, TX 76513

**Federal Transit Administration
Office of Civil Rights
Complaint Form**

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

Electronic Mail Address: _____

Accessible Format Requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

The Federal Transit Administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions To Address Environmental Justice in Minority Populations and Low Income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible Title VI and related deficiencies by the transit provider. If deficiencies are identified they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe. FTA also may refer the matter to the U.S. Department of Justice for enforcement.

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

Have you previously filed a Title VI complaint with FTA? Yes ____ No ____

If yes, what was your FTA Complaint Number? _____

[Note: This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.]

Have you filed this complaint with any of the following agencies?

Transit Provider ____ Department of Transportation ____

Department of Justice ____ Equal Employment Opportunity Commission ____

Other _____

Have you filed a lawsuit regarding this complaint? Yes ____ No ____

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of public transit provider complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to the transit provider?

Yes ____ No ____

May we release your identity to the transit provider?

Yes ____ No ____

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590