



Ozaukee County Transit Services

410 South Spring Street
P.O. Box 994
Port Washington, Wisconsin 53074-0994

Phone 262-238-8108

Fax 262-238-8343

Ozaukee County Transit Services Title VI Policy

Ozaukee County Transit in accordance with Title VI of the Civil Rights Act ensures that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any County program or activity receiving Federal financial assistance.

Ozaukee County Transit operates its programs and services without regard to race, color or national origin. All transit services are distributed in an equitable manner. For more information on the Title VI transit obligations, contact:

Ozaukee County Transit

741 West Oakland Avenue
PO Box 994
Port Washington, WI 53074

Phone (262) 238-8108

Making a Title VI Complaint

Any person who believes he or she has been subjected to discrimination in the delivery of or access to public transportation services on the basis of race, color or national origin, may file a complaint with Ozaukee County Human Resources. Such complaint must be filed within 90 days after the alleged discrimination. For information on filing a complaint, contact:

Ozaukee County Human Resources

121 West Main Street
Port Washington, WI 53074

Local: (262) 284-8321
Metro: (262) 238-8321
Fax: (262) 284-8328
Hours: 8:30 a.m. - 5:00 p.m.

**Ozaukee County Transit Services
TITLE VI Complaint Form**

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the grounds 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."

Please provide the following information necessary in order to process your complaint. Assistance is available upon request. For questions, please call (262) 284-8321.

Complete this form and mail or deliver to:

Ozaukee County Human Resources

121 West Main Street
Port Washington, WI 53074

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No. (Home): _____ (Business): _____

5. Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. What was the discrimination based on? (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Low Income | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Limited English |

7. Date of incident resulting in discrimination: _____

8. Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of the

form. _____

9. What Ozaukee County transit representatives are you alleging were involved? _____

10. Where did the incident take place? Please provide location, vehicle number, driver's name, etc. _____

11. Witnesses? Please provide their contact information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

12. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? ___ Yes ___ No

If answer is yes, check each agency complaint was filed with:

___ Federal Agency ___ Federal Court ___ State Agency

___ State Court ___ Local Agency ___ Other

13. Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sign the complaint in space below. Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date

OZAUKEE COUNTY TRANSIT SERVICES - TITLE VI COMPLAINT PROCEDURES

Who May File a Complaint?

Individuals may file a complaint if he or she believes they have been discriminated against under Title VI of the Civil Rights Act of 1964 and other related statutes, as stated in 49 C.F.R. 21.11(b) which prohibits discrimination on the grounds of race, color, or national origin. Complaints may be filed with the department or Federal agency that provides funds for that program. Complaints may also be filed by a representative on behalf of a complainant.

Submission of Title VI Complaint

- (1) Formal complaints shall be submitted to Ozaukee County Human Resources or Federal Transit Administration
 - (a) No later than 90 days after the date of the alleged act of discrimination; or
 - (b) If there has been a continuing discriminatory conduct, 90 days after the alleged discrimination was discontinued
 - (c) In writing and signed by the complainant or the complainant's designee or representative using the Ozaukee County Transit Title VI Complaint Form or any other signed document alleging discrimination
 1. Including a complete explanation of the facts and circumstances surrounding the alleged discrimination
 - (d) Verbal complaints or by electronic media will be referred to the Human Resources Director
 1. Public Works Director or Title VI designee will assist the complainant in documenting the complaint in writing and obtaining complainant's signature

Receipt of Title VI Complaint by Ozaukee County Transit

- (1) Complaints will be date stamped immediately upon receipt by the Human Resources Director or Title VI designee
- (2) Human Resources Director or Title VI designee will acknowledge receipt of the complaint in writing and inform the complainant of the initial action taken or proposed action to process the alleged complaint
- (3) If complaint is deemed incomplete, additional information will be requested, and the complainant will be provided 60 business days to submit the required information
 - (a) Failure to provide additional information by complainant may be considered good cause for a determination of no investigative merit
- (4) Human Resources Director and Public Works Director will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation
 - (a) Within 15 business days from receipt of a complete complaint
 - (b) And inform the complainant within 5 business days of this decision

Acceptance for Investigation

- (1) Once complaint is accepted for investigation, the Human Resources Director or Title VI designee will establish a case file with all relevant documents and information

- (2) A copy of the complaint and relevant documents will be forwarded to the Federal Transit Administration.
 - (a) Federal Transit Administration will oversee the investigation and determine to what extent Ozaukee County Transit will be involved in the investigation

Investigation by Ozaukee County Transit

- (1) Investigation will be conducted by Human Resources Director or Title VI designee
 - (a) Investigative Report will be submitted to the Human Resources Director within 60 days from the receipt of the complaint
 - 1. Investigative Report will include
 - a. Narrative description of incident
 - b. Summaries of all persons interviewed
 - c. Findings
 - d. Evidence reviewed
 - e. Recommendation
 - 2. If investigation is delayed, investigator will contact appropriate authorities to request an extension
 - 3. Copies of the report will be provided to FTA, Public Works Director, OCT, and Title VI Designee
 - 4. The Human Resources Director will issue letter of finding to the Complainant within 90 days from receipt of the complaint
 - 5. If the Complainant is dissatisfied with Ozaukee County Transit's resolution of the complaint, he/she has the right to file a complaint with the Federal Transit Administration