

## Title VI Complaint Procedures

The following pertains only to Title VI complaints regarding the programs of the MTPO.

Title VI, 42 U.S.C. §2000d et seq., was enacted as part of the Civil Rights Act of 1964. At the heart of the regulation is the statement 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.

The MTPO has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in Chapter VII of the Federal Transit Administration Circular 4702.1, dated May 26, 1988. If you believe that the MTPO's programs have discriminated your civil rights on the basis of race, color, or national origin you may file a written complaint by following the procedure outlined below:

### TITLE VI COMPLAINT PROCEDURE

**1. Submission of Complaint.** Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by the MPO may file a written complaint with the MTPO's Transportation Manager. A sample complaint form may be downloaded or is available in hard copy from the MTPO. Such complaints must be filed within 180 calendar days after the date the discrimination occurred. *Note: Upon request, assistance in the preparation of any necessary written material will be provided to a person or persons as requested.* Complaints should be mailed to:

**MTPO**  
Title VI Coordinator  
620 SE Madison St. Unit 11  
Topeka KS 66607

**2. Referral to Review Officer.** Upon receipt of the complaint, MTPO's Secretary shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint, in consultation with an approved MTPO Attorney. The Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the MPO received the complaint. If more time is required, the MTPO's Chairperson shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to the MPO's processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the MTPO's Chairperson for concurrence. If the MTPO's Chairperson concurs, he or she shall issue the MTPO's written response to the Complainant. *Note: Upon receipt of a complaint, the MTPO shall forward a copy of this complaint and the resulting written response to the appropriate KDOT, FHWA, and FTA-Region 7 contacts.*

**3. Request for Reconsideration.** If the Complainant disagrees with the MTPO's Secretary's response he or she may request reconsideration by submitting the request, in writing, to the MTPO's Chairperson within 10 calendar days after receipt of the MTPO's Chairperson's response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the MTPO's Secretary. The MTPO's Chairperson will notify the Complainant of his or her decision either to accept or reject the request for reconsideration within 10 calendar days. In cases where the MTPO's Chairperson agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2 above.

**4. Appeal.** If the request for reconsideration is denied, the Complainant may appeal The MTPO's Chairperson's response by submitting a written appeal to the MTPO Board no later than 10 calendar days after receipt of the MTPO's Chairperson's written decision rejecting reconsideration.

**5. Submission of Complaint to the State of Kansas**

**Department of Transportation.** If the Complainant is dissatisfied with the MTPO's resolution of the complaint, he or she may also submit a written complaint within 180 days after the alleged date of discrimination to the State of Kansas Department of Transportation for investigation.

KDOT Office of Contract Compliance  
Eisenhower State Office Building  
700 SW Harrison 3<sup>rd</sup> Floor West  
Topeka, KS 66603  
785-296-7940

**APPENDIX 3**  
**Title VI Complaint Form**  
**—MTPO**

The purpose of this form is to assist you in filing a complaint with the MTPO. You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information related to items marked with a star (\*), whether or not the form is used.

1.\* State your name and address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

2.\* Person discriminated against if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.\* Agency, department, or program that discriminated:

Name: \_\_\_\_\_

Any individual (if known): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

4A.\* Non-Employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the MTPO in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race:

"African American" or "Sex: Female).

\_\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_\_ National Origin: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Disability: \_\_\_\_\_

4B.\* Employment: Does your complaint concern discrimination in employment by the MTPO? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "National Origin: Canadian").

\_\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_\_ National Origin: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_  
\_\_\_\_\_

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name of attorney: \_\_\_\_\_

Address of attorney: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone number of attorney: (\_\_\_\_) \_\_\_\_\_

8.\* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

9.\* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case).

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10. The laws we enforce prohibit recipients of federal funds programmed through the MPO from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

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11. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint. Name Address Area Code/Telephone Numbers

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12. Do you have any other information that you think is relevant to our investigation of your allegations?

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13. What remedy are you seeking for the alleged discrimination?

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14. Have you (or the person discriminated against) filed the same or any other complaints with other agencies such as the KDOT Office of Civil rights, etc.?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, do you remember the complaint number?

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Against what agency and department or program was it filed?

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Address: \_\_\_\_\_

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Telephone Number: (\_\_\_\_) \_\_\_\_\_

Date of filing: \_\_\_\_\_ Agency: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

\_\_\_\_\_ U.S. Equal Employment Opportunity Commission

\_\_\_\_\_ Federal or State Court

\_\_\_\_\_ Your State Equal Opportunity Office and/or local Office of Human Rights

16. If you have already filed a charge or complaint with an agency indicated in #15 above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. How did you learn that you could file this complaint?

\_\_\_\_\_  
\_\_\_\_\_

18.\* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

\_\_\_\_\_

(Signature) (Date)

Please feel free to add additional sheets to explain the present situation to us.

Please mail the completed, signed Discrimination Complaint Form (please make one copy for your records) to:

MTPO

Attn: Title VI Coordinator

620 SE Madison St.

Topeka KS 66607

Phone: (785) 368-3728