Title VI Complaint Procedure

CITY OF MARION

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Marion (hereinafter referred to as "the City") and/or its Marion Area Transit (MAT) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The City investigates complaints received no more than 180 days after the alleged incident. The City will process complaints that are complete.

Once the complaint is received, the City will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City has 60 days to investigate the complaint. If more information is needed to resolve the case, the City may contact the complainant. The complainant has 60 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 60 business days, the City can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

For transportation-related Title VI matters, a person may also file a complaint directly with the Ohio Department of Transportation, at the Office of Equal Opportunity, Attention: Title VI Coordinator, 1980 West Broad St., Columbus, OH 43223.

For transportation-related Title VI matters, a person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

TITLE VI COMPLAINT FORM

Section I:						
Name:						
Address:						
Telephone (Home):		Telephor	Telephone (Work):			
Email Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II:						
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to t	this question, go to Sect	ion III.				
If not, please supply the na for whom you are complain	<u> -</u>	the person				
Please explain why you ha	ve 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):						
[] Race [] Col	[] Color [] National Origin					
Date of Alleged Discrimina	ation (Month, Day, Yea	r):				
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.						

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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 l or State court?	ocal agency, or v	with any Federal			
[] Yes [] No					
If yes, check all that apply:					
[] Federal Agency:					
Federal Court [] State Agency					
State Court [] 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 complaint. Signature and date required below	ou think is releva	ant to your			
orginature and date required below	/				
Signature	Date				

Please submit this form in person at the address below, or mail this form to:

City of Marion/Marion Area Transit

ATT: Deb Price 137 South State Street Marion, Ohio 43302