

## Notifying the Public of Rights Under Title VI

### **DONIPHAN COUNTY PUBLIC TRANSPORTATION**

Doniphan County Public Transportation operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Doniphan County Public Transportation.

For more information on Doniphan County Public Transportation civil rights program, and the procedures to file a complaint, contact 785-985-2380, email [dpcoaging@dpcountyks.com](mailto:dpcoaging@dpcountyks.com) or visit our office at the Doniphan County Courthouse, Lower Level, 120 E. Chestnut Street, Troy, KS 66087.

For more information, visit [www.dpcountyks.com](http://www.dpcountyks.com)

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590

If information is needed in another language, contact 800-555-1212.

# Doniphan County Public Transportation Title VI Complaint Procedure

## Title VI Complaint Procedures

***The following pertains only to Title VI complaints regarding the services of Doniphan County Public Transportation.***

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 Doniphan County Public Transportation 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 III of the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. If you believe that the Doniphan County Public Transportation federally funded 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:

### 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 Doniphan County Public Transportation, may file a written complaint with Doniphan County Public Transportation Aging Administrator. A complaint form is available for download at [www.dpcountyks.com](http://www.dpcountyks.com), and is available in hard copy at the offices of Doniphan County Public Transportation. Upon request, Doniphan County Public Transportation will mail the complaint form. **Such complaints must be filed within 180 calendar days after the date the discrimination occurred.**

**Notes: Assistance in the preparation of any complaints will be provided to a person or persons upon request and as appropriate. If information is needed in another language, then contact Diana L. Johnson, Aging Administrator at 785-985-2380.**

**Complaints should be mailed or submitted by hand to:**

**Doniphan County Public Transportation  
Attn: Aging Administrator  
120 East Chestnut Street, P.O. Box 247  
Troy, Kansas 66087**

### 2. Referral to Review Officer

Upon receipt of the complaint, the Aging Administrator of Doniphan County shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the Aging Administrator to further explain his or her complaint. The Aging Administrator shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the Aging Administrator shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the Aging Administrator shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the Aging Administrator may recommend improvements to processes relative to Title VI, as appropriate. The staff review officers shall forward their recommendations to the Aging Administrator for concurrence. If the Aging Administrator concurs, he or she shall issue Doniphan County Public Transportation written response to the Complainant. This final report should include a summary of the investigation, all findings with recommendations, and corrective measures where appropriate.

**Note: Upon receipt of a complaint, the Doniphan County Public Transportation Services shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and FTA-Region 7 contacts.**

### **3. Request for Reconsideration**

If the Complainant disagrees with the Aging Administrator, he or she may request reconsideration by submitting the request, in writing, to the Aging Administrator within 10 calendar days after receipt of the Aging Administrator's response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Aging Administrator. The Aging Administrator will notify the Complainant of their decision in writing, either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Aging Administrator 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 Aging Administrator's response by submitting a written appeal to the Doniphan County Board of Commissioners no later than 10 calendar days after receipt of the Aging Administrator's written decision rejecting reconsideration. The Doniphan County Board of Commissioners *will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.*

### **5. Submission of Complaint to the State of Kansas Department of Transportation.**

If the Complainant is dissatisfied with the Doniphan County Public Transportation 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 further investigation.

KDOT Office of Contract Compliance  
Eisenhower State Office Building  
700 Southwest Harrison  
3rd Floor West  
Topeka, KS 66603

## Doniphan County Public Transportation Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the Doniphan County Public Transportation. You are not required to use this form; a letter containing the same information will be sufficient.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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
<b>Section III:</b>				
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 attach additional pages.				

<b>Section IV</b>
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Have you previously filed a Title VI complaint with this agency?	Yes	No
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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
 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 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:

**Doniphan County Public Transportation**  
**Attn: Aging Administrator**  
**120 East Chestnut Street, P.O. Box 247**  
**Troy, Kansas 66087**