

Federal Transit Administration Civil Rights Complaint Form

The Federal Transit Administration Office of Civil Rights is responsible for ensuring that recipients of federal transit funding properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, they analyze the complainant's allegations for possible deficiencies by the federal transit funding recipient. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

Ted Kourousis, Executive Director
Northwest Iowa Planning and Development Commission
PO Box 1493, 217 West 5th Street
Spencer, Iowa 51301

If you have questions about how to prepare a complaint, you may contact their toll-free FTA Assistance Line at 1-888-446-4511. More information about transit related civil rights requirements may be found on the FTA's website at www.fta.dot.gov

Note: Apart from the form, on separate pages, please describe your complaint. You should include specific details such as names, dates, times, witnesses, and any other information that would assist in their investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from the planning agency.

Important: FTA cannot accept your complaint without a signature, so please sign on the last page of the form after printing it out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify)

I believe that a transportation planning agency has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify)

Section II

Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

- Large Print
- Not Applicable
- Other

Section III

Are you filing this complaint on your own behalf?

- Yes
- No

(If answered “yes” to this question, go to Section IV.)

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 IV

Have you previously filed a civil rights complaint with the FTA?

- Yes No

If yes, what was your FTA Complaint Number?

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

- Transportation Planning Agency
- Transit Provider
- Department of Justice
- Department of Transportation
- Equal Employment Opportunity Commission
- Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

- Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does require, that complaints first be filed with their local transit agency or transportation planning agency to give them an opportunity to resolve the issue.

Section V

Name of transportation planning agency complaint is against.

Contact person _____

Title _____

City: _____ State _____

ZIP Code: _____

Telephone number _____

E-mail Address: _____

Section VI

May FTA release your identity and a copy of your complaint to the transportation planning agency?

Yes No

Note: FTA may be unable to investigate your allegations without permission to release your identity and complaint.

Plases sign here: _____

Date: _____

Note: FTA cannot accept your complaint without a signature.