

## Discrimination Complaint Procedure

1. Any person who believes that he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973 and the Civil Rights Restoration Act of 1987, as amended, may file a complaint with the Lincoln County Transportation Service District. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the Transit Program Director for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after:
  - a) The date of alleged act of discrimination; or
  - b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

In either case, LCTSD may extend the time for filing or waive the time limit in the interest of justice, as long as LCTSD specifies in writing the reason for so doing.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the alleged discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of LCTSD, the person shall be interviewed by the Transit Director. If necessary, Transit Director will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall then be handled according to LCTSD's investigative procedures.
4. Within 10 days, the Transit Director will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as the Oregon Department of Transportation (ODOT) and U.S. Department of Transportation (USDOT).
5. The Transit Director will advise ODOT and/or USDOT within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to ODOT and/or USDOT:
  - a) Name, address, and phone number of the complainant.
  - b) Name(s) and address(es) of alleged discriminating official(s).
  - c) Basis of complaint (i.e., race, color, national origin, sex, ada)
  - d) Date of alleged discriminatory act(s).
  - e) Date of complaint received by the recipient.

- f) A statement of the complaint.
  - g) Other agencies (state, local or Federal) where the complaint has been filed.
  - h) An explanation of the actions LCTSD has taken or proposed to resolve the issue in the complaint.
6. Within 60 days, the Transit Director will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to the Lincoln County Board of Commissioner's. The complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the report of findings.
7. Within 90 days of receipt of the complaint, the Transit Director will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ODOT, or USDOT, if they are dissatisfied with the final decision rendered by LCTSD. The Transit Director will also provide ODOT and/or USDOT with a copy of this decision and summary of findings upon completion of the investigation.
8. Contact information for the state and federal administrative jurisdiction is as follows:

ODOT Public Transit Division  
355 Capital Street NE  
Salem, OR 97301  
503-986-3169  
503-986-6382 fax

Federal Transit Administration Office of Civil Rights  
East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590

## Lincoln County Transportation Service District Title VI/ADA Complaint Form

<b>Section I</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
E-Mail Address:			
Accessible Format Requirements?	Large Print		Audio Tape
	TTY		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:			
Date of Alleged Discrimination (Month, Day, Year): _____			
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all person(s) who were involved, including the name and contact information of the person(s) who discriminated against you (if known). List name(s) and contact information of any witnesses. If more space is needed, please use the back of this form.</p>			
<b>Section IV</b>			
Have you previously filed a complaint with this agency?		Yes	No
<b>Section V</b>			
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?			
<input type="checkbox"/> Yes <input type="checkbox"/> No        If yes, check all that apply and enter name of agency or court:			

[ ] Federal Agency: _____	
[ ] Federal Court _____	[ ] State Agency _____
[ ] State Court _____	[ ] Local Agency _____
Please provide information about a contact person at the agency or court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone:	

Please 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, mail or email this form to:

Lincoln County Transportation Service District  
 Attn: Cynda Bruce  
 410 NE Harney Street  
 Newport, OR 97365

[cbruce@co.lincoln.or.us](mailto:cbruce@co.lincoln.or.us)