

Appendix A: Notice the Public, Complaint Procedures, and Form

HOW WILL THE COMPLAINANT BE NOTIFIED OF THE OUTCOME OF THE COMPLAINT?

SacRT will send a final written determination letter to the complainant. In a letter notifying complainant that the complaint is not substantiated, the complainant will also be advised of his or her right to appeal and the appeal process within seven calendar days of receipt. Every effort will be made to respond to the Title VI complaints within 30 working days of receipt, if not sooner.

If you need more information on SacRT's Title VI policy or assistance in filing a Title VI complaint, please call RT's Customer Advocacy Department at 916-557-4545.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following office:

Federal Transit Administration, Region IX

Office of Civil Rights

201 Mission Street, Suite 1650

San Francisco, CA 94105-1839

If you need more information in the SacRT Title VI policy, help with the classification of a Title VI complaint, or a document translated into a language other than English, please call 916-557-4545.

Si necesita más información sobre la política del Título VI de SacRT, ayuda con la clasificación de la queja del Título VI o traducir un documento en un idioma distinto del inglés, llame al 916-557-4545.

Для получения дополнительной информации о политике SacRT в отношении раздела VI, помощи в классификации жалобы на основании раздела VI или переводе документа с английского на другой язык обращайтесь по номеру 916-557-4545.

如果您需要更多有關 SacRT 第六條款政策的資料，需要協助就第六條款申訴分類，或需要將文件翻譯成英文以外的語言，請撥打916-557-4545

Yog tias koj xav tau cov ntaub ntwav ntiv nyob rau hauv tsab cai SacRT Title VI, xav tau kev pab txheeb xyuas qhov kev tsis txaus siab Title VI, lossis kom muab cov ntaub ntwav txhais ua lwm hom lus uas tsis yog lus Askiv, thov hu rau 916-557-4545.

Nếu bạn cần thêm thông tin về chính sách Tựa đề VI SacRT, trợ giúp phân loại khiếu nại theo Tựa đề VI, hoặc tài liệu được dịch ra ngôn ngữ khác ngoài tiếng Anh, hãy gọi 916-557-4545.

Sacramento Regional Transit District Title VI Policy and Program Update

TITLE VI - PUBLIC REVIEW

TITLE VI INFORMATION

WHERE TO FILE A WRITTEN COMPLAINT?

By Mail

Sacramento Regional Transit District
P.O.Box 2110
Sacramento, CA 95812

In Person

Sacramento Regional Transit District
1221 R Street
Sacramento, CA 95811

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Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires 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 following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to the Customer Advocacy Department, P.O. Box 2110, Sacramento, CA 95812 or in person 1221 R Street, Sacramento, CA 95811.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Contact Number: _____ Cell: Home: Work:

5. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race:

b. Color:

c. National Origin:

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any federal, state, or local agency; or with any federal or state court?

Yes No

If yes, check each that applies:

Federal Agency Federal Court
State Agency State Court Local Agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Cell: Home: Work:

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature

Date