



446 Novak Drive, Martinsburg, WV 25405 phone: 304-263-0876 fax: 304-264-9253

Civil Rights Complaint & Investigation Procedures

These procedures cover all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 for alleged discrimination in any program or activity administered by EPTA.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and EPTA may be used for resolution. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited under Title VI, ADA, and related statutes may file a complaint.

The following measures will be taken to resolve Title VI and ADA complaints:

- 1) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainants name, address, and telephone number; name of alleged discriminating official; basis of complaint (race, color, national origin, gender, disability, age); and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.

EPTA strongly encourages the use of the attached *EPTA Civil Rights Complaint Form* when filing official complaints. (Available in both English and Spanish from the EPTA website.)

The preferred method is to file your complaint in writing using the *EPTA Civil Rights Complaint Form*, and sending it via mail or email to:

Doug Pixler Director, Complaint Coordinator
EPTA
446 Novak Drive
Martinsburg, WV 25405
Email complaints to: info@eptawv.com

- 2) In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the EPTA Director and Complaint Coordinator. Under these circumstances, the complainant will be interviewed, and the EPTA Executive Director /Complaint Coordinator will assist the Complainant in converting the verbal allegations to writing.

- 3) When a complaint is received, the EPTA Director / Complaint Coordinator will provide written acknowledgment to the Complainant, within ten (10) days by registered mail.
- 4) If a complaint is deemed incomplete, additional information will be requested. The Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.
- 5) Within 15 business days from receipt of a complete complaint, EPTA will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Executive Director /Complaint Coordinator or his/her authorized designee will notify the Complainant and Respondent, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the complaint is to be investigated, the notification shall state the grounds of EPTA's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
 - c. Investigations should include: date, time, location of the incident; vehicle ID number; name or ID number of EPTA employee; description of what transpired; other documentation such as photographs or witness statements.
- 6) When EPTA does not have sufficient jurisdiction, the EPTA Director/Complaint Coordinator and or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.
- 7) If the complaint has investigative merit, the Director/Complaint Coordinator or his/her authorized designee will fully investigate the complaint. A complete investigation will be conducted, and an investigative report will be prepared within 60 days from receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations and conciliatory measures where appropriate. If the investigation is delayed for any reason, the Director / Complaint Coordinator will notify the appropriate authorities, and an extension will be requested.
- 8) The Director /Complaint Coordinator or his/her authorized designee will issue letters of finding to the Complainant and Respondent within 90 days from receipt of the complaint.
- 9) If the Complainant is dissatisfied with EPTA's resolution of the complaint, he/she has the right to file a complaint with the:

Federal Transit Administration, Region 3
Attn: Civil Rights Officer
1760 Market Street, Suite 500
Philadelphia, PA 19103-4124
215-656-7100
215-656-7260 (Fax)

FTA complaint procedures can also be found on the FTA web site at: www.fta.dot.gov. These procedures are also outlined in FTA Circular 4702.1A, Chapter IX.

- 10) All complaints pertaining to Civil Rights violations or ADA non-compliance will be kept on file for one year and a record of all such complaints (which may be in summary form) for five years. EPTA will distinguish between complaints that pertain to Civil Rights/DOT ADA requirements versus complaints about services or policies that do not, even if the complainant has a disability.

Eastern Panhandle Transit Authority

Civil Rights Complaint Form

“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 Americans with Disabilities Act of 1990 (ADA) also prohibits discrimination and ensures equal opportunity and access for persons with disabilities.

If you feel that you have been discriminated against in the provision of transit services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Eastern Panhandle Transit Authority
446 Novak Drive, Martinsburg, WV 25405
Fax: 304-264-9253
 Email: info@eptawv.com

PLEASE PRINT if you are not completing the on-line version of this form.

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code ()		Telephone Number (Work) ()
d. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other (please specify):		
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7 <input type="checkbox"/> No If NO, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/> Please include area code ()		Telephone Number (Work) ()
e. Electronic Mail Address:		
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission <input type="checkbox"/> No, I do not have permission		

<p>7. I believe that the discrimination I experienced was based on (check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Other (please specify)</p>								
<p>8. Date of Alleged Discrimination (Month, Day, Year):</p>								
<p>9. Where did the Alleged Discrimination take place?</p>								
<p>10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i></p>								
<p>11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i></p>								
<p>12. What type of corrective action would you like to see taken?</p>								
<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <i>If yes, check all that apply</i> <input type="checkbox"/> No</p> <p>a. <input type="checkbox"/> Federal Agency (List agency's name) b. <input type="checkbox"/> Federal Court (Please provide location) c. <input type="checkbox"/> State Court d. <input type="checkbox"/> State Agency (Specify Agency) e. <input type="checkbox"/> County Court (Specify Court and County) f. <input type="checkbox"/> Local Agency (Specify Agency)</p>								
<p>14. Please provide information about a contact person at the agency/court where the complaint was filed.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name</td> <td style="width: 50%; border: none;">Title</td> </tr> <tr> <td style="border: none;">Agency</td> <td style="border: none;">Telephone ()</td> </tr> <tr> <td colspan="2" style="border: none;">Address</td> </tr> <tr> <td style="border: none;">City:</td> <td style="border: none;">State: Zip Code:</td> </tr> </table>	Name	Title	Agency	Telephone ()	Address		City:	State: Zip Code:
Name	Title							
Agency	Telephone ()							
Address								
City:	State: Zip Code:							

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

Signature and date is required:

Signature

Date

If you completed Questions 4, 5, and 6, your signature and date is required:

Signature

Date