

Title VI – Civil Rights Program

DISCRIMINATION COMPLAINT PROCEDURE CAPTIAL FOR PROGRAMS DECISIONS

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, as amended; any discrimination prohibited by the American with Disabilities Act, ADA may file a complaint with the MBA. A complaint may also be filed by a representative on behalf of such a person. All complaints will be refer to the recipient's Title VI Specialist/Customer Service Office for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file no later than 180 days after:
 - a. The date of the alleged act of discrimination; or
 - b. Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

In case, the MBA, or his/her designee, may extend the time for filing or waive the time limit in the interest of justice, specifying 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 claimed discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of the recipient, the Title VI Specialist or an official of the Customer Service Office shall interview the person. If necessary, we will assist the person in refusing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall be handled in the usual manner.
4. Within 10 days, the Title VI Specialist/Customer Service Office will acknowledge receipt of the allegation, inform the complaint of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as the Federal Transit Administration and the Department of Transportation.
5. The MBA will advise the Civil Rights Office of the Department of Transportation within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to the Department of Transportation:
 - 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, age, disability, DBE, EEO).
 - d. Date of alleged discriminatory acts(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 the recipient has taken or proposed to resolve the issue raised in the complaint.
6. Within 60 days, the Title VI Specialist/Customer Service will conduct and complete an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to the head of the MBA. 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 head of the recipient 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 the Department of Transportation or the Federal Transit Administration, if they are dissatisfied with the final decision rendered by the State.

CIVIL RIGHTS COMPLAINT FORM

Civil Rights Title VI-American Disabilities Act ADA-Disadvantage Business Enterprise DBE-
Equal Employment Opportunity EEO

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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
Section III:				
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 <input type="checkbox"/> Sex <input type="checkbox"/> Age				
<input type="checkbox"/> Disadvantage Business Enterprise <input type="checkbox"/> American with Disabilities Act ADA <input type="checkbox"/> EEO <input type="checkbox"/> Other				
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 use the back of this form: _____				

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
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
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Please submit this form in person at the address below, or mail this form to:

Puerto Rico Metropolitan Bus Authority
Urb. San Francisco, calle de Diego #37, Rio Piedras, PR, 00927
Oficina Servicio al Ciudadano
Luz L. Couvertier,
E mail: Servicioalciudadano@ama.pr.gov