

Title VI Complaint Procedure (English)

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the City of Canby/Canby Area Transit may file a Title VI complaint by completing and submitting the agency's **Title VI Complaint Form** which can be accessed as indicated in the notice above. The process for addressing a civil rights complaint is as follows:

- Once the complaint is received, CAT will review it to determine if the City has jurisdiction. The complaint will be logged, and the complainant will receive an acknowledgement letter within 14 days informing her/him whether the complaint will be investigated by the CAT office.
- Any complaint CAT receives that deals with federal civil rights issues will be reviewed by the Transit Director and forwarded to the City Administrator, Risk Manager, and City Attorney.
- Once the City logs the complaint CAT has 60 days to resolve the issue, not including the appeal process.
- An investigation will be conducted which will include the basis of the alleged complaint; when and where the incident occurred; and as necessary the identification and interview of involved parties; the review and pertinent documents; and other factual information from appropriate sources.
- In the case of federal civil rights issues, all information and discussions relating to the investigation are maintained and retained in an investigation file. Information will be kept as confidential as possible.
- Based upon conclusion of a thorough investigation, the City of Canby, CAT will follow up with the complainant. This follow up will include one of two letters to the complainant: a) A closure letter or a letter of finding (LOF) or b) A closure letter summarizing the allegations and stating there was not a Title VI violation, and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and summarizes the findings and suggests appropriate action along with proposed resolution.
- If the complainant wishes to appeal the decision, he/she has 14 days after the date of the letter or the LOF to submit in writing a request for an appeal to the Transit Director for review by the Transit Advisory Committee (TAC). The complainant may have an opportunity to be heard in person at a TAC meeting. Following the TAC review and recommendation, the City Council will make a final decision.



Title VI Complaint Form (English)

AREA TRANSTI					
Section I					
Name:					
Address:					
Telephone (Home):	Telephone (Work):				
E-Mail Address:					
Check if an accessible format is required:	Large Print		Audio Tape		
	ТТΥ		Other		
Section II		<u> </u>			
Are you filing this complaint on your own behalf? If "yes" go to Section Yes* No.					No
If no, provide the name of	the person you are filir	ng the comp	laint for:		
What is your relationship	to the complainant:				
What is the reason for filir	ng the complaint on the	ir behalf:			
Please confirm that you have obtained the permission of the aggrieved Yes No party to file the complaint on their behalf.					
Section III					
I believe the discriminatio [] Race [] Color [] Sexual Orientation [n I experienced was bas [] National Origin [] Disability	sed on (cheo [] Rel			rital Status
Date of Alleged Discrimina Explain in detail what happ person(s) involved, includi against you, if known. List needed, please attach add	pened and why you bel ng the name and conta name(s) and contact in	ieve you we ct informat	ion of the pe	erson(s) who discr	iminated

Section IV					
Have you previously filed a Civil Rights complaint with this agency?	Yes	No			
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 to Section IV or V, list the name of agency or court where filed: [] Federal Agency: [] Federal Court[] State Agency [] State Court					
[] Local Agency					
Please provide the contact person information below at the agency or court where the complaint was filed.					
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone:					

Please attach any written materials or other information that you think is relevant to the complaint. Print this form and sign to submit. Signature and date are required below.

Signature

Date

Mail or drop off the form to:

MAIL

City of Canby / Canby Area Transit Transit Director 195 S Hazel Dell Way, Suite C Canby, Oregon 97013 CONTACT INFORMATION

503-266-0751 Oregon Relay Service 800 735-2900 Fax: 503-263-6284 Email: cat@canbyoregon.gov