Title VI Complaint Policy and Procedure

Updated: 2015

1. Policy Statement

The City of Arcadia is committed to ensuring that no person is excluded from participation in, or denied the benefit of Arcadia Transit service and related programs on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964.

2. Purpose

This policy ensures that the Arcadia Transit service and programs are operated without regard to race, color, national origin or any other basis protected by federal or state statutes. Frequency of service, age and quality of Acadia Transit vehicles assigned to routes/services will be determined solely on the basis of operational requirements.

3. Procedures

Any person who believes he/she may have been discriminated against with respect to transit services or benefits on the basis of race, color, or national origin may file a written complaint with the City of Arcadia.

Individuals with Limited English Proficiency (LEP), or who need assistance with writing a complaint, may contact Transportation Services Manager at Arcadia City Hall, 240 West Huntington Drive, Arcadia, CA 91007, or (626) 574-5435.

A. Submission of Complaints

The complaint may be submitted in writing within 60 days from the date of the alleged discrimination. The City of Arcadia’s Title VI Complaint Form (Attachment 1) can be accessed at http://www.ci.arcadia.ca.us. The complaint form may be requested by contacting Transportation Services Manager at (626) 574-5435 or ArcadiaTransit@arcadiaCA.gov.

Written complaints may be sent to:

City of Arcadia  
Attn: Transportation Services Manager  
240 West Huntington Drive  
P.O. Box 60021  
Arcadia, CA 91066-6021

FAX: (626) 447-3309

Email: ArcadiaTransit@arcadiaCA.gov
In addition to, or in lieu of utilizing the City’s Title VI Complaint Process, a complainant may file a complaint pertaining to race, color or national origin with the Federal Transit Administration (FTA), Office of Civil Rights, Region 9, 201 Mission Street, Suite 1650, San Francisco, CA 94105-1839.

B. Reviewing

The City of Arcadia, Transportation Services will review all written complaints to determine if there is sufficient merit to warrant investigation based on whether the complainant has alleged discriminatory treatment based on his/her belonging to a protected class. If the complaint is determined to have sufficient merit to warrant investigation, the City of Arcadia will proceed with an investigation promptly. If the complaint does not warrant investigation, the City will respond with such information within 30 working days to the complainant.

C. Investigation of Complaints

The City will take the following steps to investigate the alleged discriminatory act:

- Identify and review all relevant documents, practices and procedures to determine appropriate resolution.
- Identify and interview persons with knowledge of the alleged discrimination, such as the complainant; witnesses; others identified by the complainant; people who may have been subject to similar activity; and others with relevant information.

The investigation process and final investigative report is generally completed within 60 days.

D. Completion of Investigation

A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Transportation Services Manager and a copy forwarded to the complainant no later than sixty (60) calendar days after its filing.

E. Implementation of Remedial Actions

If a policy violation exists, appropriate remedial steps will be taken immediately.
Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statues and regulations require that no person in the United States shall, on the ground of race, color, 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.

As a recipient of federal financial assistance, the City of Arcadia operates Arcadia Transit services without regard to race, color, and national origin. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City of Arcadia.

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: Transportation Services Manager
City of Arcadia
240 West Huntington Drive
Post Office Box 60021
Arcadia, CA 91066-6021

1. Complainant’s Name ________________________________________________
   Address ___________________________________________________________
   City ___________________________ State _______ Zip Code ____________
   Telephone Number (home) ____________________ (business) ______________

2. Person discriminated against (if someone other than the complainant)
   Name _____________________________________________________________
   Address ___________________________________________________________
   City ___________________________ State _______ Zip Code ____________

3. Which of the following best describes the reason you believe the discrimination took place?
   Was it because of your:
   a. Race/Color ☐          c. Sex ☐          e. Disability ☐
   b. National Origin ☐     d. Age ☐

4. What date did the alleged discrimination take place? ____________________
5. Please 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Have you filed this complaint with any other agencies and/or courts? Yes [ ] No [ ]

If yes, check each box that applies:

Federal agency [ ] Federal court [ ] State agency [ ]
State court [ ] Other [ ] __________________________

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

Name ____________________________________________
Address ____________________________________________
City __________________________ State ____________ Zip Code ____________
Telephone Number _________________________________

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

Complainant’s Signature __________________________ Date ____________