



SULLIVAN COUNTY TRANSPORTATION
TITLE VI COMPLAINT FORM

SECTION I:

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Accessible Format Requirements?

Large Print Audio TDD Other _____

The Federal Transit administration (FTA) Office of Civil Rights is responsible for civil rights compliance and monitoring, which includes ensuring that providers of public transportation properly abide by Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-income Populations," and the Department of Transportation's Guidance to Recipients on Special Language Services to Limited English Proficient (LEP) Beneficiaries.

In the Sullivan County Transportation (SCT) complaint investigation process, we analyze the complaint's allegations for possible Title VI. Assistance is offered to correct the inadequacies within a predetermined timeframe. Complaint allegations will be reported to the State of New Hampshire Department of Transportation and will be presented to the transportation provider. If deficiencies are identified, the Department of Transportation may also refer the matter to the U.S. Department of Justice for enforcement.

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 the answer was "no," please supply the name of the person for whom you are complaining:

Please explain why you have filed for a third party: _____

Please confirm that you have obtained permission of the aggrieved party if you are filing on behalf of a third party. Yes No

SECTION III:

Have you previously filed a Title VI complaint with SCT or the FTA? Yes No

If "yes," what was your FTA Complaint Number? _____

(Note: This information is needed for administration purposes; we will assign the same complaint number to the new complaint.)

Have you ever filed with any of the following agencies?

Transit provider NH DOT Equal Opportunity Commission

Department of Justice Other: _____

Have you ever filed a lawsuit regarding this complaint? Yes No

If "yes," please provide a copy of the complaint form.

(Note: The above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.)

SECTION IV:

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route number, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

SECTION V:

May we release a copy of your complaint to NH DOT? Yes No

May we release your identity to NH DOT? Yes No

Signature: _____ Date: _____

(Note: We cannot accept your complaint without a signature.)

If you need assistance completing this form or if you have any questions, call the Transportation Director at 603.719.4323 (voice) or TDD/TTY Relay at 711, or send your email to dbeam@scshelps.org.

Mailing address:

Sullivan County Transportation
Transportation Director
6 Kinney Place
Claremont, NH 03743

Additional Information:
