

TRANSIT TITLE VI, ADA OR DISCRIMINATION COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. If you need any accommodation or assistance in completing this form, please contact the MATBUS Mobility Manager at (701) 241-8140. Sign and return to: MATBUS, 650 23rd St. N., Fargo, ND 58102.

Statement of Non-Discrimination:

The Cities of Fargo, ND and Moorhead, MN operate MATBUS and provide access to all its programs, services and activities in compliance with Title VI of the Civil Rights Act of 1964 without regard to race, color national origin, the Americans with Disabilities Act of 1990 (ADA) (Disability), sex (23 U.S.C. 324), age (42 U.S.C. 6101), or income status (E.O. 12898).

Statement of confidentiality, privacy and protection:

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against a person because he or she has filed a complaint to secure rights protected by the nondiscrimination provisions of federal law. The identity of complainants must be kept confidential except to the extent necessary to carry out the investigation, hearing or judicial proceeding arising out of the complaint.

Section I – Agency, Department or Facility

Name of agency complaint is against: ☐ City of Fargo ☐ City of Moorhead ☐ First Transit

Section II – Type of Discrimination & Description

I believe the discrimination I experienced was based on (check all that apply):

Title VI of the Civil Rights Act of 1964	Other Non-Discrimination Statutes	
<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability
<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Income Status
<input type="checkbox"/> National Origin		

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 or attach a separate sheet of paper.

Section III – Complainant Information

Complainant Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Email: _____
Preferred method of communication: ☐ Mail ☐ Email ☐ Phone

Section IV – Completed by

Are you filling this complaint out on your own behalf? ☐ Yes ☐ No

If Yes, go to **Section III**

If No, please supply the name and relationship of the person for whom you are complaining:

First and last name of person for whom you are filing: _____

Relationship of the person for whom you are filing: _____

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 V - Previous

Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No
Have you previously filed an ADA complaint with this agency? ☐ Yes ☐ No
Have you previously filed any other discrimination complaint with this agency? ☐ Yes ☐ No

Section VI – Other Agency Filing

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.

Contact Name: _____ Contact Title: _____

Agency Name: _____ Phone: _____

Agency Address: _____

Agency City: _____ Agency State: _____ Agency Zip: _____

Section VII – Remedy Sought

State the specific remedy sought to resolve the issue[s]:

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

Signature and date required below.

Signature:

Date:

I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

HOW TO MAKE A TITLE VI, ADA OR DISCRIMINATION COMPLAINT

1. If you wish to make a complaint of discrimination regarding any transit programs, services, or activities on the grounds of race, color, national origin; or sex, age, disability or income status by (1) City of Fargo (MATBUS), (2) City of Moorhead (MATBUS), or (3) First Transit (driver contractor):

To obtain a copy of the complaint form:

- a. Call the MATBUS Mobility Manager at (701) 241-8140 to request the form be mailed to you.
 - i. You may request the complaint form in an alternative format such as large print, audio file, alternate language or interpreter service.
 - ii. Upon request, a team member will assist you in filling out the complaint form. The form will require you to identify yourself and give specific details about your complaint.
 - b. Download the form at matbus.com/TitleVI
 - c. Obtain a copy of the form at the Ground Transportation Center (GTC), 502 NP Ave, Fargo ND, 58102.
2. Return the completed complaint form to:

MATBUS
Title VI & ADA Coordinator /
Mobility Manager
650 23rd St. N.
Fargo, ND 58102

3. Complaints must be filed within 180 calendar days of the date of the alleged discrimination. The filing date of the complaint is the earlier of:
 - a. The postmark of the complaint, or
 - b. The date the complaint is received by any agency authorized to receive complaints.
4. We will notify you by your preferred method of communication we have received your completed complaint form and will begin our investigation process. Our investigation may take up to 90 days to be completed. We may contact you throughout the investigation if we need additional information or have follow up questions. Once the investigation is completed, we will notify you in writing of our determination.
 - a. If it is determined the investigation may take longer than 90 days, you will be notified in writing.

Discrimination Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Fargo MATBUS, City of Moorhead MATBUS, or First Transit may file a discrimination complaint by completing and submitting the agency's Transit Title VI, ADA or Discrimination Complaint Form. The City of Fargo MATBUS, City of Moorhead MATBUS, and First Transit investigates complaints received no more than 180 days after the alleged incident. The City of Fargo MATBUS, City of Moorhead MATBUS, or First Transit will process complaints that are complete.

Once the complaint is received, the City of Fargo MATBUS, City of Moorhead MATBUS, or First Transit will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The City of Fargo MATBUS, City of Moorhead MATBUS, or First Transit has 90 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

MATBUS
Title VI, ADA or
Discrimination Complaint

650 23rd St. N.
Fargo, ND 58102

Phone: (701) 241-8140 | Fax: (701) 241-8558

Any person who believes they have been subjected to discrimination as prohibited by Title VI, ADA, or other forms of discrimination may file a written complaint with any of the following other agencies authorized to receive and process complaints listed below. The complaint must be filed in writing no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.

Other Agencies Authorized to Receive and Process Complaints

North Dakota Department of Transportation

Civil Rights Division
608 E. Boulevard Ave.
Bismarck, ND 58507-0700
Phone: (701) 328-2576
Fax: (701) 328-0343
TTY: 711 or (800) 366-6888
E-mail: civilrights@nd.gov

Federal Transit Administration (FTA)

Civil Rights
FTA Region 8
Bryon Rogers Building
1961 Stout Street, Suite 13301
Denver, CO 80294-3007
Phone: (303) 363-2400

City of Fargo

ADA Coordinator
Buildings and Grounds
200 3rd St N
Fargo, ND 58102
E-Mail: B&Gdept@cityoffargo.com
Phone: (701) 241-1480

City of Moorhead

Human Resources Director
500 Center Ave
Moorhead, MN 56560
E-Mail: humanresources@ci.moorhead.mn.us
Phone: (218) 299-5179

United States Department of Transportation (USDOT)

Office of Civil Rights
1200 New Jersey Avenue, SE
Washington, DC 20590
Phone: (202) 366-4649
Fax: (202) 366-5575
TTY: (202) 366-9696

USDOJ - Race, Color, National Origin Complaints

Federal Coordination and Compliance Section
NWB
Civil Rights Division
U.S. Department of Justice (USDOJ)
950 Pennsylvania Avenue, N.W.
Washington, DC 20530
Phone: (888) 848-5306 (English and Spanish)
(202) 307-2222 (voice)
(202) 307-2678 (TDD)
E-mail: None published

USDOJ - ADA Complaints

US Department of Justice (USDOJ)
950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section 1425 NYAV
Washington, DC 20530
Fax: (202) 307-1197
E-mail: ADA.complaint@usdoj.gov
ADA Information Line: (800) 514-0301(voice) or
(800) 514-0383 (TTY)
Main Section Telephone Number:
(202) 307-0663 (voice and TTY)

Minnesota DOT

Title VI Coordinator
Office of Civil Rights
395 John Ireland Blvd.
St. Paul, MN 55155
Phone: (651) 366-3322
E-Mail: Jonica.Carr@state.mn.us