

## **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 Admin Office 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](http://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 23<sup>rd</sup> 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.

**MATBUS**  
**Title VI, ADA or**  
**Discrimination Complaint**

650 23<sup>rd</sup> 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 or the ADA may file a written complaint with the Federal Transit Administration, 1961 Stout Street, Suite 13301, Denver, CO 80294 or the Federal Transit Administration at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. 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](mailto:civilrights@nd.gov)

### **Federal Highway Administration**

North Dakota Division Office  
4503 Coleman St. N., Suite 205  
Bismarck, ND 58503  
Phone: (701) 250-4204  
Fax: (701) 250-4395  
E-mail: [NorthDakota.fhwa@dot.gov](mailto:NorthDakota.fhwa@dot.gov)  
Federal Transit Administration (FTA)  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590  
Phone: (888) 446-4511

### **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 3<sup>rd</sup> St N  
Fargo, ND 58102  
E-Mail: [B&Gdept@cityoffargo.com](mailto:B&Gdept@cityoffargo.com)  
Phone: (701) 241-1480

### **United States Department of Transportation (USDOT)**

FHWA Headquarters Office of Civil Rights  
1200 New Jersey Avenue, SE (HCR-40)  
8th Floor E81-314  
Washington, DC 20590  
Phone: (202) 366-0693  
Fax: (202) 366-1599  
TTY: (202) 366-5132  
E-mail: [CivilRights.FHWA@fhwa.dot.gov](mailto:CivilRights.FHWA@fhwa.dot.gov)  
Nichole McWhorter, Coordination and Compliance  
Phone: (202) 366-1396  
E-mail: [nichole.mcwhorter@dot.gov](mailto:nichole.mcwhorter@dot.gov)

### **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](mailto: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)

Title VI of the Civil Rights Act of 1964 governs race color, and national origin. Related nondiscrimination Authorities govern sex, 23 U.S.C. 324; age, 42 U.S.C. 6101; disability/handicap, 29 U.S.C. 790; and low income, E.O. 12898.

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**City of Moorhead**

Human Resources Director

500 Center Ave

Moorhead, MN 56560

E-Mail: [humanresources@ci.moorhead.mn.us](mailto:humanresources@ci.moorhead.mn.us)

Phone: (218) 299-5179

**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](mailto:Jonica.Carr@state.mn.us)

## 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 benefits 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), sex (23 U.S.C. 324), age (42 U.S.C. 6101), disability/handicap (29 U.S.C. 790) 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):

<b>Title VI of the Civil Rights Act of 1964</b>	<b>Other Non-Discrimination Statutes</b>	
<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.

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**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

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**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]:

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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.