

## Title VI Complaint Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by ASUM Transportation may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Complaint forms can be found at: <https://www.umt.edu/transportation/contact-us/default.php> or requested at: University Center, Room 115, 32 Campus Dr, Missoula, MT 59812.

ASUM Transportation investigates complaints received no more than 180 days after the alleged incident. ASUM Transportation will process complaints that are complete.

Once the complaint is received, ASUM Transportation will review it to determine if our office has jurisdiction.

ASUM Transportation has 14 days to investigate the complaint. If more information is needed to resolve the case, ASUM Transportation may contact the complainant. The complainant has 14 business days from the date of the request 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 14 business days, ASUM Transportation 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 (2) 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 Title VI violation and that the case will be closed.
- A letter of finding (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.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, please contact 406-243-4599.

Si necesita información en otro idioma, comuníquese al 406-243-4599.

## Title VI Complaint Form

<b>Section I:</b>					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Email Address:					
Accessible Requirements?	Format	Large Print		Audio Tape	
		TDD		Other	
<b>Section II:</b>					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this question, go to Section III.					
If not, please supply the name and relationship of the person for whom you are complaining:					
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	
<b>Section III:</b>					
I believe the discrimination I experienced was based on (check all that apply):					
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<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.					

<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
<b>Name:</b>		
<b>Title:</b>		
<b>Agency:</b>		
<b>Address:</b>		
<b>Telephone:</b>		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.  
 Signature and date required below

\_\_\_\_\_

Signature

\_\_\_\_\_

Date