

COMPLAINT PROCEDURES AND FORM

NWCCI's Title VI Complaint Procedure and Complaint Form can be found at www.nwcci.org

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by NWCCI may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. NWCCI investigates complaints received no more than 180 days after the alleged incident. NWCCI will process all completed and submitted complaints in accordance with the procedure as presented.

Once the complaint is received, NWCCI 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 Authority has 15 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 15 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 15 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.

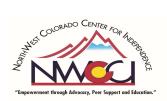
After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the 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.



NWCCI Title VI Complaint Form

Section I:							
Name:							
Address:							
Telephone (Home):		Telephone (Work):					
E-Mail Address:							
Accessible	Large Print		Audio Tape				
Format	TDD		Other				
Requirements?							
Section II:							
Are you filing thi	s complaint on your own	behalf?	Yes*	No	D		
*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 co	omplaining:						
Please explain w	hy you have filed for a thi	rd party:					
Please confirm that you have obtained the permission of the				Ν	10		
	, if you are filing on behalf	-					
Section III:							
I believe the discrimination I experienced was based on (check all that apply):							
[] Race [] Color [] 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.							
Section IV							
Have you previo	usly filed a Title VI compla	aint with this agency?	Yes	No			
Section V							



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.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
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

Please submit this form in person at the address below, or mail this form to:

NWCCI

1855 Shield Dr #300

Steamboat Springs, CO 80487