La Crosse Municipal Transit Utility

Title VI Complaint Form

This form is designed to assist you in filing a Title VI complaint with the La Crosse Municipal Transit Utility (LMTU). You are not required to use this form. Your complaint may be filed in any manner, such as a letter, that contains the same information. However, for LMTU to perform a complete investigation, it is important to include all of the information that this form asks for.

La Crosse Municipal Transit Utility (LMTU) assures that no person shall on the grounds of race, color or national origin as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any LMTU sponsored program or activity. LMTU further assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs and activities are federally funded or not. Title VI complaints must be filed in writing with the La Crosse MTU no later than 180 days after the alleged discrimination.

Title VI compliance is a condition of receipt of Federal funds, LMTU's General Manager and Title VI Coordinator are authorized to ensure compliance with provisions of this policy and with the law, including the requirements of 23 Code of Federal Regulation (CFR) 200 and 40 CFR 21.

Section I:	
Name:	
Address:	
Home Telephone:Cell or Alternate Telep	hone
Section II:	
Are you filing this complaint on your own behalf?	No 🗌
If you answered "Yes", go to Section III.	
Name of person discriminated against if other than yourself:	
Please explain why you are filing for a third party:	

	ı have obtained permissi		person's behalf: Yes 🗆 No
Section III.	·		
Have you filed this com	plaint with any other ag	ency: Yes 🗌	No 🗆
If you answered "Yes" p	olease provide the follow	ving:	
Name of agency:			_
Address:			
Contact Person:			
Telephone Number:			
Section IV:			
answer: Race Color	nest describes the reason of t	the alleged discrim	nination took place? Please
Program that you feel o	discriminated against you	u:	
Do you know the name	of the individual?:		
If not, could you please	describe the individual?	·	
Please provide the follo	owing information regard	ding the incident:	
Date:	Time:	Bus Rou	te/Number:
Location:			
Section V:			
What type of harm or c	discriminatory action was	s taken against yo	u?
o Service			
 Accommodatio 	n		

o Hostile Environment
o Other
If "Other", please specify:
Section VI:
Please provide a <u>detailed</u> description of the incident:
Section VII:
Were there any other witnesses to this incident? Yes \square No \square
Name:
Address:
Telephone:

Section VIII:
Is there any other information that you would like to provide to assist us in our investigation of this incident:
Section IX:
What remedy would you like LMTU to consider?

Note: Complaint will not be accepted without a signature.

Signature

LMTU's Title VI Officer will investigate all complaints. At the conclusion of our investigation we will send a letter of finding to the complainant. If our investigation determines that we were not in violation of Title VI, our letter will explain why we were in compliance. If it is determined that there was a violation of Title VI, our letter will document the violation and the action that LMTU will take to become compliant.

Date

No one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has filed a complaint to secure rights protected by the nondiscrimination statutes we enforce. Any individual alleging such harassment or intimidation may file a complaint with LMTU or the Federal Transit Administration.

Any questions or comments regarding this plan should be directed to the LMTU Operations Manager at:

Title VI complaints to the City of La Crosse Title VI Coordinator:

Transit Operations Manager La Crosse MTU 2000 Marco Drive La Crosse, WI 54601 Phone: 608-789-7350

Fax: 608-789-7374