

## **Montachusett MPO Complaint Procedure**

Title VI of the Civil Rights act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs and activities receiving federal assistance. As a sub-recipient of the Massachusetts Executive Office of Transportation and Public Works (EOTPW), the Montachusett MPO has adopted a Title VI complaint procedure as part of its Title VI Program.

The purpose of Title VI is to prevent the denial, reduction or delay of benefits to minority and low income populations, to ensure full and fair participation by affected populations in transportation decisions, and to ensure that policies and programs of the MPO avoid producing disproportionately negative effects on minority and low income populations.

### **Filing of Complaints**

Complainants, or their representative, may file a written complaint with the MPO at any time within one hundred and eighty (180) days from the date of the alleged discriminatory act.

Complaints shall state the name and address of the person, and if applicable, the name of the representative filing on behalf of the complainant, the name and address of the entity alleged to have committed the act of discrimination, and shall set forth the particulars of that action and contain such other information as shall be required by the MPO.

All complaints will include the following information:

- Name, address, and phone number of the Complainant
- Name address, phone number and relationship of representative to complainant, (if applicable)
- Basis of complaint (i.e. race color, national origin)
- Date of alleged discriminatory act(s)
- Date complaint received by MPO
- A statement of the complaint, including specific details, relevant facts and documentation.

### **Tracking System**

The Montachusett MPO will maintain a Complaint Intake Log of all complaints received establishing the race, color, or national origin or protected class of the complainant, the identity of the recipient, the nature of the complain, the date of the investigation, lawsuit, or complaint, a summary of the allegations, the status of the investigation, lawsuit or complaint, and actions taken in response to the investigation, lawsuit or complaint. This log will be maintained electronically and in hardcopy format at the MRPC offices and will be available for review.

### **Montachusett MPO Procedure of Investigation of Complaints**

Within fifteen (15) days, the MPO shall confirm receipt of the complaint and inform the Complainant of the investigation process.

Within sixty (60) days, should the complaint have merit, the MPO shall commence an investigation of the allegation(s). The purpose of an investigation is to determine whether there is a reason to believe that a failure to comply with Title VI of the Civil Rights Act of 1964 has occurred. In addition, the MPO will render a recommendation for action in a report of findings or resolution.

Within ninety (90) days, the MPO will notify the Complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the Complainant of his/her right to file a formal complaint with the EOTPW's Title VI Coordinator, if they are dissatisfied with the final decision rendered by the MPO.

### **Resolution of Complaints**

If a probable cause of discriminatory practice based on race, color, or national origin is found to exist, the MPO shall endeavor to eliminate said practice by means of a Remedial Action Plan. The Remedial Action Plan shall include: a list of corrective actions accepted by the agency; a description of how the corrective action will be implemented; and a written assurance that the agency will implement the accepted corrective action in the manner discussed in the plan.

Where attempts to resolve the complaint fail, the complainant shall be notified in writing of his or her right to submit the complaint to the Federal Transit Administration as cited in FTA C4702.1A.

# **Title VI and Related DISCRIMINATION COMPLAINT AGAINST THE MONTACHUSETT MPO**

Name:	Telephone (home):	Telephone (work):
Address:	City, State, Zip Code:	
Name of MPO Person, Organization, or Agency that You Believe Discriminated Against You:		
Address:	City, State, Zip Code:	
Date of Alleged Incident:		
You Were discriminated against on the basis of:		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age
<input type="checkbox"/> Retaliation	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Sex
<input type="checkbox"/> Family Status		
<input type="checkbox"/> Disability		
<input type="checkbox"/> Religion		
<input type="checkbox"/> Other		
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case:</p>		
Signature:		Date