

## **City of Battle Creek 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 the City of Battle Creek's, "Battle Creek Transit" (hereinafter referred to as "BCT") may file a Title VI complaint by completing and submitting the agency's Title VI Complain Form. The City of Battle Creek's Transit Department investigates complaints received no more than 180 days after the alleged incident. BCT will process complaints that are complete.

Once the complaint is received, BCT will review it to determine if our office has jurisdiction. Within 7 days of receipt of the complaint, BCT will mail an acknowledgement letter to the complainant informing her/him whether the complaint will be investigated by our office.

BCT will commence an investigation into the complaint within 7 days of the receipt of the complaint. If more information is needed to resolve the case, then BCT may contact the complainant. The complainant has 10 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 the 10 business days, then BCT can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case. BCT will make every effort to respond back to the complainant in writing within 40 days of the receipt of the original complaint, if not sooner, as provided below.

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 allegation and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegation 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 14 calendar days after the date of the letter or the LOF to do so.

In addition to the above complaint procedure, 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. The complaint must be filed within 180 days of the alleged discrimination.

If information is needed in another language, then contact 269-966-3474.  
Si se necesita información en otro idioma, por favor llame 269-966-3474.

## **Battle Creek Transit (BCT)** **Title VI Complaint Form**

The following information is necessary to assist us in processing and investigating your complaint. If you require assistance in completing this form, then please contact the Title VI Coordinator at (269) 966-3588.

### **Section I:**

Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Alt. Tele. No.: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Electronic Mail (email) address: \_\_\_\_\_

### **Section II:**

Are you filing this complaint on your own behalf?  Yes\*  No

\*If you answered "yes" to this question, then skip to Section III.

If not, then 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

### **Section III:**

Name of the agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Section IV**

Which of the following best describes the reason you believe the alleged discrimination was based on? (Check all that apply)

Race  Color  National Origin

Date of Alleged Discrimination (month/day/year): \_\_\_\_\_

Witnesses to alleged discrimination:

Name: \_\_\_\_\_ Contact Info.: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info.: \_\_\_\_\_

Explain as clearly as possible what happened and how you believe you were discriminated against. Describe all persons who were involved, and provide the names and title of all BCT employees involved, if possible. Be sure to include the names and contact information of any witnesses. If more space is needed, then please use the back of the form.

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**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: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint. I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature and date required below:

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**Signature**

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**Date**

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

**Title VI Coordinator  
Battle Creek Transit  
339 West Michigan Avenue  
Battle Creek, MI 49037-2313**

Date Received: _____
Received By: _____