PROJECT ID

Title VI Complaint Process and Form

Complaint of discrimination on the basis of race, color, or national origin

Project id does not discriminate on the basis of race, color, or national origin in any of its programs, services, or activities, as required by Title VI of the Civil Rights Act of 1964. Any person who believes they have been subjected to discrimination on these grounds may file a complaint using this form.

Project id receives federal transit funding through Spokane Transit Authority (STA) under Federal Transit Administration (FTA) Section 5310. Title VI applies to all of Project id's programs and activities, not only those directly paid for with federal funds.

Who can file a complaint?

- Any person who believes they have experienced discrimination based on race, color, or national origin in a Project id program, service, or activity.
- You may file on your own behalf, on behalf of another person, or on behalf of a group of people.
- **You will not be retaliated against** for filing a complaint or for taking part in an investigation. Retaliation is itself prohibited by law. If you believe you have been retaliated against, tell us immediately.

How do I file a complaint?

- Complete this form and submit it to Project id within **180 calendar days** of the date the alleged discrimination took place. Calendar days include weekends and holidays.
- You may submit the form by mail, by email, or in person, using the contact information at the bottom of this page.
- If you need help filling out this form, or if you would prefer to make your complaint verbally, call us at **509-475-7185**. We will help you complete it at no cost to you.
- **Free language assistance is available.** If you need this form or any part of this process in a language other than English, call 509-475-7185. There is no charge to you.
- **Alternate formats are available.** If you need this form in large print, plain language, or another accessible format, or if you need a support person or assistance to complete it, call 509-475-7185.

What happens after I file a complaint?

- Project id will send you a written receipt of your complaint within **15 working days** and forward a copy of your completed form to a director of the agency for review.
- Project id will designate a Title VI Coordinator to facilitate and coordinate the response to your complaint. That person will contact you.
- Following an investigation, Project id will send you a written letter of resolution.

What if I do not agree with the letter of resolution?

If you do not agree with the letter of resolution, you may submit a written request for a different resolution to Project id within 30 calendar days of the date you receive our response.

Can I file a complaint with anyone other than Project id?

Yes. Filing with Project id does not affect your right to file directly with Spokane Transit Authority or with the Federal Transit Administration. Their deadlines may differ from ours, so do not wait for our process to finish if you wish to contact them.

Spokane Transit Authority — Ombudsman & Accessibility Officer
1230 W. Boone Ave, Spokane, WA 99201 • (509) 325-6094 (TTY Relay 711)
ombudsman@spokanetransit.com

Federal Transit Administration — Office of Civil Rights
Attn: Title VI Program Coordinator, East Building, 5th Floor – TCR
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-888-446-4511

Do I need an attorney to file a complaint?

No. You do not need an attorney. However, you may wish to seek legal advice about your rights under the law.

Where do I return this form?

Project id
Attn: Title VI Coordinator
3223 N Marguerite Rd
Millwood, WA 99212

Phone: 509-475-7185
Email: bob@projectidspokane.org

Free Language Assistance

ATTENTION: If you speak a language other than English, language assistance services are available to you free of charge. Call 509-475-7185.

Si necesita información en otro idioma, comuníquese al (509) 475-7185.

Для получения информации на другом языке звоните по тел. (509) 475-7185.

Nếu quý vị cần thông tin bằng một ngôn ngữ khác, xin vui lòng gọi số (509) 475-7185.

Щоб отримати інформацію іншою мовою, зателефонуйте за номером (509) 475-7185.

Elañe meļeļe ej aikuj ilo juon bar kajin, kepāāke (509) 475-7185.

إذا كنت تتحدث لغة غير الإنجليزية، تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بـ (509) 475-7185

Alternate formats (large print, plain language) and assistance completing this form are also available at no cost. Call 509-475-7185.

PROJECT ID — TITLE VI COMPLAINT FORM

Please print clearly. If you need help completing this form, call 509-475-7185.

Section 1 — Your information (complainant)

Full name

Street address / City / State / ZIP code

Home phone

Work or message phone

Email address

Best way and best time to reach you

Section 2 — Person discriminated against, if not you

Complete this section only if you are filing on behalf of someone else. Otherwise, skip to Section 3.

Full name of the person discriminated against

Street address / City / State / ZIP code

Phone

Your relationship to this person

Does this person know you are filing this complaint?

☐ Yes ☐ No

Please explain why you are filing on this person's behalf

Section 3 — Basis of the alleged discrimination

Which of the following best describes why you believe the discrimination took place? Select all that apply. Was it because of your:

☐ Race ☐ Color ☐ National origin

Other (please describe)

Title VI of the Civil Rights Act of 1964 covers race, color, and national origin. If your concern involves a different protected characteristic, we will still review it and direct it to the appropriate process.

Section 4 — When did it happen?

Date of the incident (month / day / year)

If the discrimination happened more than once, list the other dates

Reminder: a complaint must be submitted within 180 calendar days of the alleged discriminatory act.

Section 5 — What happened?

Describe the alleged discrimination in your own words. Explain what happened, where it happened, and who was involved. Include the names and job titles of any Project id staff or volunteers involved, if you know them. Attach additional pages or documents if you need more space.

Section 6 — Witnesses

List anyone who saw what happened or who has information about it, along with how we can reach them.

Name and contact information

Name and contact information

Name and contact information

Section 7 — Have you filed this complaint anywhere else?

Have you filed this complaint with any other agency, or with a federal or state court?

☐ Yes ☐ No

If yes, where did you file, and on what date?

Name and contact information for the person handling it there, if known

Filing elsewhere does not prevent you from filing with Project id.

Section 8 — What outcome are you seeking?

Tell us what you would like to see happen as a result of this complaint.

Section 9 — Language and accessibility needs

So that we can communicate with you effectively during this process:

Preferred language for spoken communication

Preferred language for written communication

Any accommodation you need from us (large print, plain language, a support person present, extra time, etc.)

These services are provided free of charge.

Section 10 — Signature

I certify that the information in this complaint is true and accurate to the best of my knowledge.

Signature

Printed name

Date

If you are unable to sign this form, call 509-475-7185 and we will assist you. We may not be able to begin an investigation without a signature or a recorded verbal confirmation.

For Project id use only

Date received: _____ Receipt sent (within 15 working days): _____

Title VI Coordinator assigned: _____ Letter of resolution sent: _____

Added to Title VI complaint log for STA reporting: ☐ Yes Date: _____