

Notifying the Public of Rights Under Title VI

## **Lamorinda Spirit Van Program**

- The Lamorinda Spirit Van Program operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the City Clerk at the City of Lafayette.
- For more information on the City of Lafayette's civil rights program, and the procedures to file a complaint, contact 925-284-1968, or visit our administrative office at 3675 Mt. Diablo Blvd., #210, Lafayette, CA. For more information, visit [cityhall@lovelafayette.org](mailto:cityhall@lovelafayette.org).
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- If information is needed in another language, contact 925-284-5546.

## Title VI Complaint Procedures

As a recipient of federal dollars, [Lamorinda Spirit Van Program](#) is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. The [Lamorinda Spirit Van Program](#) has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the [Lamorinda Spirit Van Program](#) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The [Lamorinda Spirit Van Program](#) investigates complaints received no more than 180 days after the alleged incident. The [Lamorinda Spirit Van Program](#) will only process complaints that are complete.

Within 10 business days of receiving the complaint, the [Lamorinda Spirit Van Program](#) 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 [Lamorinda Spirit Van Program](#) has 30 days to investigate the complaint. The complainant will be notified in writing of the cause to any planned extension to the 30-day rule.

If more information is needed to resolve the case, [Lamorinda Spirit Van Program](#) or Lafayette City Clerk 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 10 business days [Lamorinda Spirit Van Program](#) or City of Lafayette 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 10 business 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.

## Lamorinda Spirit Van Program Title VI Complaint Form

### COMPLAINT FORM

<b>Section I: Please write legibly</b>		
1. Name:		
2. Address:		
3. Telephone:		3.a. Secondary Phone (Optional):
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
<b>Section III:</b>		
11. I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
12. Date of alleged discrimination: (mm/dd/yyyy)		
13. 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 attach additional sheets of paper.		

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### COMPLAINT FORM

<b>Section IV:</b>		
14. Have you previously filed a Title VI complaint with Lamorinda Spirit Van Program?	YES	NO
<b>Section V:</b>		
15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____		
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		Email:
<b>Section VI:</b>		
Name of Transit Agency complaint is against:		
Contact Person:		
Telephone:		

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form in person or mail this form to the address below:  
 Lamorinda Spirit Van Program Title VI Coordinator  
 3675 Mt. Diablo Blvd., Suite 210, Lafayette, CA 94549