

# WEST CENTRAL MASS TRANSIT DISTRICT TITLE VI PROCEDURES

Date Last Updated: [01/17/2018]

Title VI of the 1964 Civil Rights Act requires that *"No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."*

Any person who believes that he/she has been aggrieved by unlawful discriminatory practice on the basis of race, color or national origin by West Central Mass Transit District may file a complaint by completing and submitting West Central Mass Transit District's Title VI Complaint form.

## ***How do you file a complaint?***

You may download the West Central Mass Transit District's Title VI Complaint Form at [www.wcmttd.org](http://www.wcmttd.org) or request a copy by writing or phoning:

Executive Director  
West Central Mass Transit District  
1120 W. Walnut Street  
Jacksonville, Illinois 62650  
Phone: 217-245-2900 Fax: 217-245-2901  
Email: [managingdirectorwcmttd@frontier.com](mailto:managingdirectorwcmttd@frontier.com)

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number [*See question 1 of the complaint form*];
- How, why, and when you believe you were discriminated against. Include as much specific detailed information as possible about the alleged acts of discrimination, and any other relevant information [*See questions 7, 8, 9, and 10 of the complaint form*]; and
- The names of any persons, if known, whom the Executive Director could contact for clarity of your allegations [*See question 11 of the complaint form*].

Please submit your complaint form to the address listed below:

R. Jean Jumper, Executive Director  
West Central Mass Transit District  
1120 W Walnut Street  
Jacksonville, IL 62650

## ***How will your complaint be handled?***

West Central Mass Transit District investigates complaints received no more than 180 days after the alleged incident. West Central Mass Transit District will process complaints that are complete. Once a completed complaint is received, West Central Mass Transit District will review it to determine if West Central Mass Transit District has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by West Central Mass Transit District.

West Central Mass Transit District will generally complete an investigation within 90 days from the receipt of a completed complaint form. If more information is needed to resolve the case, West Central Mass Transit District may contact the complainant. Unless a longer period of time is specified by West Central Mass Transit District the complainant will have ten [10] days from the date of the letter to send requested information to the West Central Mass Transit District investigator assigned to the case.

If West Central Mass Transit District's investigator is not contacted by the complainant or does not receive the additional information within the required timeline, West Central Mass Transit District may administratively close the case. A case may be administratively closed also if the complainant no longer wishes to pursue their case.

After an investigation is complete, West Central Mass Transit District will issue a letter to the complainant summarizing the results of the investigation, stating the findings and advising of any corrective action to be taken as a result of the investigation. If a complainant disagrees with West Central Mass Transit District's determination, he/she may request reconsideration by submitting a request in writing to West Central Mass Transit District's Board of Trustees within seven [7] days after the date of West Central Mass Transit District's letter, stating with specificity the basis for the reconsideration. The Chairman of the Board of Trustees for West Central Mass Transit District will notify the complainant of his/her decision either to accept or reject the request for reconsideration within 10 days. In cases where reconsideration is granted, the President of the Board of Trustees will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Ave SE, Washington, DC 20590 or with the Illinois Department of Transportation, at IDOT, Hanley Building, 2300 S Dirksen, Springfield, IL 62764. If information is needed in another language, then contact West Central Mass Transit District at 217-245-2900.

If this information is needed in another language, please contact us.

Si esta información es necesaria en otro idioma, contáctenos.

Si cette information est nécessaire dans une autre langue, veuillez nous contacter

West Central Mass Transit District  
**TITLE VI COMPLAINT FORM**

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know. Please mail or return this form to

R. Jean Jumper, Executive Director  
West Central Mass Transit District  
1120 W. Walnut Street  
Jacksonville, Illinois 62650  
Phone: 217-245-2900  
Fax: 217-245-2901  
Email: [managingdirectorwcmtd@frontier.com](mailto:managingdirectorwcmtd@frontier.com)

**SECTION 1:**

Name:

Address:

State:

Telephone:

City:

ZIP:

E-mail:

**Accessible format of Form Needed? Check all that apply**

Large Print     Audio Tape     TDD

Other: [Click here to enter text.](#)

**SECTION 2:**

**Are you filling out this complaint on your own behalf?**

No     Yes

(If you answered yes to this question go to section 3.)

**Name of person filing complaint:**

**Address:**

**City:**

**State:**

**ZIP:**

**Telephone:**

**E-mail:**

**Your relationship to this person:**

**Have you obtained permission to**

**file on this person's behalf?**  Yes     No

**SECTION 3:**

**The discrimination alleged was on the basis of (*check all that apply*)**

Race     Color     National Origin     Other: [Click here to enter text.](#)

**Date of alleged discrimination:**

***Where did alleged discrimination take place?***

**Explain as clearly as possible what happened and why you believe you were discriminated against.**  
Describe all persons involved, include name and contact information of persons who discriminated against you.  
Use the back of this form if more space is needed.

...

Please list any and all witness' names and contact information.

**SECTION 4:**

Have you previously filed a Title VI complaint with this agency?

Yes       No

**SECTION 5:**

Have you filed a complaint with any other Federal, State or local agency/court?

Yes (check all that apply)

Fed. Agency: *Click here to enter text.*

No

State agency: *Click here to enter text.*

Fed. Court: *Click here to enter text.*

Local Agency: *Click here to enter text.*

State Court

Local Court

Please provide information about the contact per person person  
Person at the agency/court where the  
complaint was filed.

Name:

Title

Agency:

Address:

Phone:

**SECTION 6:**

Name of agency complaint was against:

Contact person:

Title:

Telephone:

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Please attach additional documentation as necessary. Sign and date below:

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X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Printed Name