Little Kanawha Transit Authority
Title VI/ADA Complaint Procedures

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." Section 504 of the Rehabilitation Act of 1973 states that no otherwise qualified individual with a disability shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

If you believe you have been discriminated against because of your race, color, national origin, or disability, or you have a complaint about the accessibility of our transit system or service, you can file a formal complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call us at 866-354-5522, download and use our Title VI/ADA complaint form from our website at www.littlekanawhabus.com, or request a copy of the form by writing Little Kanawha Transit Authority PO Box 387 Grantsville, WV 26147.

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, telephone number, and e-mail address.
- 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.
- The names of any persons, if known, whom the director could contact for clarity of your allegations.

Please submit your complaint form to address listed below:

Joseph Curry- Manager
Little Kanawha Transit Authority
PO Box 387
Grantsville, WV 26147

Do you need complaint assistance?

If you are unable to complete a written complaint or if information is needed in another language, we can assist you. Please call us at 866-354-5522 or email us at contact_us@littlekanawhabus.com.

How will your complaint be handled?

Little Kanawha Transit Authority investigates complaints received no more than 180 days after the alleged incident. We will process complaints that are complete. You will receive a letter acknowledging that we have received your complaint.

Little Kanawha Transit Authority will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, we may contact you. Unless a longer period is specified, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, we may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After an investigation is complete, Little Kanawha Transit Authority will send you a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken. If you disagree with the determination, you may request reconsideration by submitting a request in writing to Little Kanawha Transit Authority Manager within seven (7) days of the date of the summary letter, stating with specificity the basis for the reconsideration. Manager will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Manager will issue a determination letter upon completion of the reconsideration review.

Do I have other options for filing a complaint?

We encourage that you file the complaint with us. However, you may file a complaint with the West Virginia Division of Public Transit or the Federal Transit Administration.

West Virginia Division of Public Transit
Building 5, Room 650
1900 Kanawha Boulevard, East
Charleston, WV 25305
(304) 558-0428
DOTPublicTransit@wv.gov

Federal Transit Administration
Office of Civil Rights
Attention: Title VI or ADA Coordinator
East Building
5th Floor-TCR
1200 New Jersey Avenue SE
Washington, DC 20590

Little Kanawha Transit Authority
TITLE VI/ADA COMPLAINT FORM

If you believe you have been discriminated against because of your race, color, national origin, or disability, or you have a complaint about the accessibility of our transit system or service, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail or return this form to:

Joseph Curry
Little Kanawha Transit Authority
PO Box 387 Grantsville, WV 26147
e-mail- contact_us@littlekanawhabus.com fax- 304-354-6225

1. Complainant's name:
Address:
City: State: Zip Code:
Daytime telephone: ( )
E-mail address:
Do you prefer to be contacted via e-mail? ☐ Yes ☐ No
2. Are you filing this complaint on your own behalf? ☐ Yes If YES, please go to question 6. ☐ No If NO, please go to question 3.
3. Please provide your name and address. Name of person filing complaint:
Address:
City: State: Zip Code:
Daytime telephone: ( )
E-mail address:
Do you prefer to be contacted via e-mail? ☐ Yes ☐ No
4. What is your relationship to the person for whom you are filing the complaint?
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf. ☐ Yes, I have permission. ☐ No, I do not have permission

6. I believe that the discrimination I experienced was based on (check all that apply)

☐ Race ☐ Color ☐ National Origin ☐ Disability ☐ Accessibility issue

☐ Other (Please specify):

7. Date of alleged discrimination (Month, Day, Year):

8. Where did the alleged discrimination take place?

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes If yes, check all that apply. ☐ No

☐ Federal Agency (List agency's name)

☐ Federal Court (Please provide location)

☐ State Court

☐ State Agency (Specify agency)

☐ County Court (Specify court and county) ☐ Local Agency (Specify agency)
13. Please provide information about a contact person at the agency/court where the complaint was filed.
Name: Title:
Agency: Telephone: ( )
Address
City: State: Zip Code:

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

Signature and date is required:

_____ _____

Signature Date

If you completed Questions 3, 4 and 5, your signature and date is required

_____ _____

Signature Date