

This should be posted on the buses.

Notifying the Public of Rights under Title VI

WALKER COUNTY GEORGIA

Walker County 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 Walker County.

For more information on Walker County 's civil rights program, and the procedures to file a complaint, contact 706-924-0080. All written complaints received by the County are referred immediately to the GDOT's Title VI Coordinator for processing in accordance with approved State procedures. Written complaints or questions may be sent to:

John Logan

Director of Grants & Public Transit

101 S Duke Street

LaFayette, GA 30728

If information is needed in another language or to be accessible in another required format, please contact Walker County at the above phone number and assistance will be provided.

Si necesita informacion en otro idioma o accesibles en otro format requerido, por favor contacte con nosotros en el numero de telefono arriba y se prestara asistencia.

The Title VI Complaint form should also be posted on the website. You could for example post a line for the Complaint Process and have a pdf of both the process & the link in one document.

The below Title VI Complaint Process should be posted on the Walker Transit web page.

TITLE VI COMPLAINT PROCESS

Any person who believes he or she has been discriminated against based on race, color or national origin by Walker County Transit may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Walker County Transit investigates complaints received no more than 180 days after the alleged incident. Walker County Transit will process complaints that are complete. Once the complaint is received, Walker County Transit will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office. Walker County Transit has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Walker County Transit may contact the complainant. The complainant has ten (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 ten (10) business days, Walker County Transit System can administratively close the case. A case can also be administratively closed 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. A 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

WALKER COUNTY TRANSIT

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, 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:				
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 <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
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 use the back of this form. _____ _____				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Sistema de Transportacion de el Condado de Whitfield

Documento Titulo VI

Sección I:			
Nombre:			
Dirección:			
Teléfono (Casa):		Teléfono (Trabajo):	
Correo electrónico :			
Formato Accesible Requerido?	Impresiones Grande		Cinta de audio
	TDD		Otro
Sección II:			
¿Está presentando esta queja en su propio nombre?		Si*	No
*Si usted contestó "Si" a esta pregunta, pase a la Sección III.			
Si no es así, por favor indique el nombre y la relación de la persona para la cual se está quejando:			
Por favor, explique por qué usted se ha presentado para un tercero: _____			
Por favor, confirme que ha obtenido el permiso de la persona perjudicada, si usted está presentando en nombre de un tercero.		Si	No
Sección III:			
Creo que la discriminación que experimenté fue basado en (Marque todo lo que corresponda):			
<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Origen Nacional	<input type="checkbox"/> Edad
<input type="checkbox"/> Discapacidad	<input type="checkbox"/> Estado Familiar o Religiosa	<input type="checkbox"/> Otra (Explique)	

Fecha de la discriminación Presunta (Mes, Día, año): _____			
Explique lo más claramente posible lo que paso y por qué cree que fue discriminado. Describa todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona(s) que lo discriminaron es su contra (si se conoce), así como los nombres y la información de contacto de los testigos. Si necesita más espacio, por favor utilice el reverso de este formulario. _____ _____			
Sección IV			
¿Ha presentado previamente una queja del Título VI con esta agencia?		Si	No

