

Flint Hills Area Transportation Agency Inc.

Title VI Complaint Procedures

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Flint Hills Area Transportation Agency Inc. (FHATA) (hereinafter referred to as “the Agency”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. The Agency investigates complaints received no more than 180 days after the alleged incident. The Agency will process complaints that are complete.

Upon receipt of the complaint, the Executive Director of Flint Hills Area Transportation Agency Inc. shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Agency has 30 days to investigate the complaint. If more time is required, the Executive Director shall notify the Complainant of the estimated timeframe for completing the review. If more information is needed to resolve the case, the Agency may contact the complainant. The complainant has 30 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 30 business days, the Agency can administratively close the case. A case can 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. 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 disagrees with the Agency’s response, he or she may request reconsideration by submitting the request, in writing, to the Executive Director within 10 calendar days after receipt of the Agency’s response. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Agency. The Executive Director will notify the Complainant of the Agency’s decision in writing either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Agency agrees to reconsider, the matter shall be returned to the staff review officer(s) to reevaluate in accordance with Paragraph 2 above.

If the request for reconsideration is denied, the Complainant may appeal the Agency's response by submitting a written appeal to The Flint Hills Area Transportation Agency Inc. Board of Directors no later than 10 calendar days after receipt of the Agency's written decision rejecting reconsideration. Flint Hills Area Transportation Agency Inc. Board of Directors will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to Kansas Department of Transportation for further investigation.

A person may also file a complaint directly with the Kansas Department of Transportation:

KDOT Office of Contract Compliance
Eisenhower State Office Building
700 SW Harrison 3rd Floor
Topeka, KS 66603

Or the Federal Transit Administration:

The Federal Transit Administration
FTA Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590

Title VI Complaint Form

Flint Hills Area Transportation Agency Inc.

Title VI Complaint Form

The Flint Hills Area Transportation Agency Inc. is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin in the provision of transportation services and transit-related benefits.

The purpose of this form is to assist you in filing a complaint with the Flint Hills Area Transportation Agency Inc. You are not required to use this form: a letter containing the same information will be sufficient.

For questions about the Flint Hills Area Transportation Agency Inc. Americans with Disabilities Act (ADA) complaint procedures or complaint form contact Katey Cain ADA Compliance Officer, at 816-645-9526 or kcain@fhata.org.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Requirements?	Format	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
<i>(Continued on next page)</i>				

Section III:

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

Race Color National Origin Age
 Disability Other (specify) _____

Date of Alleged Discrimination (Month, Day, Year): _____

Time of Day: _____

Location: _____

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 pages.

Witness(es): YES NO

List Witness(es): <i>(Attach a separate sheet, if necessary)</i>	
(1) Name:	
Phone Number: ()	
(2) Name:	
Phone Number: ()	
(3) Name:	
Phone Number: ()	
(4) Name:	
Phone Number: ()	

(Continued on next page)

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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Section V

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

Yes No

If yes, check all that apply:

Federal Agency: _____
 Federal Court _____ State Agency _____
 State Court _____ Local Agency _____

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

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Flint Hills Area Transportation Agency Inc.
 5815 Marlatt Av
 Manhattan, KS 66503
 ATTN: Executive Director