

*Attachment 1*

Title VI Notice to Public

**TITLE VI NOTICE OF PROTECTION  
AGAINST DISCRIMINATION**

**ST. CLAIR COUNTY PUBLIC TRANSPORTATION** operates its programs 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 **ST. CLAIR COUNTY PUBLIC TRANSPORTATION**.

For more information on the civil rights program and the procedures to file a complaint, contact us at:

**ST. CLAIR COUNTY PUBLIC TRANSPORTATION  
1815 COGSWELL AVE, SUITE 121, PELL CITY, AL 35125  
205-338-1352**

**[www.stclairco.com](http://www.stclairco.com)**

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, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE, Washington DC 20590

If information is needed in another language, contact  
205-338-1352

## *Attachment 2*

### 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 **St. Clair County Public Transportation** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. **St. Clair County Public Transportation** investigates complaints received no more than 180 days after the alleged incident. **St. Clair County Public Transportation** will process complaints that are complete.

Once the complaint is received, **St. Clair County Public Transportation** 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.

**St. Clair County Public Transportation** has 15 business days to investigate the complaint. If more information is needed to resolve the case, **St. Clair County Public Transportation** may contact the complainant. The complainant has 15 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 15 business days, **St. Clair County Public Transportation** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

In a situation where the complainant is unable or incapable of providing a written complaint, a verbal complaint of discrimination may be made to **St. Clair County Public Transportation**. Under these circumstances, the complainant will be interviewed and **St. Clair County Public Transportation** will assist the complainant in converting the verbal allegations to a formal, written complaint.

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 15 days after the date of the letter or the LOF to do so.

If the complainant is not satisfied with actions taken locally or if they demand further action, these unresolved complaints will be referred to Mr. Joe Nix, Alabama Department of Transportation, Modal Programs Bureau, 1100 John Overton Drive, Montgomery, Alabama 36110

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.

\*\*If information is needed in another language, then contact **205-338-1352**.

# Attachment 3

## Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
<b>Section II:</b>		
Are you filing this complaint on your own behalf? Circle	Yes	No
*If you answered "yes" to this question, go to <b>Section III</b> .		
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
<b>Section III:</b>		
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
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.		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

<b>Section IV</b>		
Have you previously filed a Title VI complaint with this agency? Circle	Yes	No
<b>Section V</b>		
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"/> Federal Court _____		<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____		<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.		
<b>Name:</b>		
<b>Title:</b>		
<b>Agency:</b>		
<b>Address:</b>		
<b>Telephone:</b>		
<b>Section VI</b>		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

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:

**JANET B. SMITH**  
**ST. CLAIR COUNTY PUBLIC TRANSPORTATION**  
**1815 COGSWELL, AVENUE, SUITE 121**  
**PELL CITY, AL. 35125**