



## Title VI Compliant Procedure

The Tri-Valley Opportunity Council, Inc is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, or national origin by the Tri-Valley Opportunity Council, Inc. Any person who believes they have been discriminated against may file a Title VI complaint by completing and submitting Tri-Valley Opportunity Council, Inc, Title VI Complaint Form. Tri-Valley Opportunity Council, Inc, investigates complaints received no more than 180 days after the alleged incident. The Tri-Valley Opportunity Council, Inc, will process complaints that are complete.

Once the complaint is received, the Tri-Valley Opportunity Council, Inc, will review it to determine if our office has jurisdiction or if the complaint will be handled by MnDOT OTAT Compliance Coordinator and/or MnDOT Office of Civil Rights Title VI Coordinator. The complainant will receive written acknowledgement informing her/him that the complaint has been received and who will be handling.

Tri-Valley Opportunity Council, Inc and/or MnDOT, has 30 days to investigate the complaint. If more information is needed to resolve the case, Tri-Valley Opportunity Council, Inc and/or MnDOT, may contact the complainant. The complainant has 15 business days from the date of the written notification 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 10 business days, Tri-Valley Opportunity Council, Inc and/or MnDOT can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two written documentations 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.

A person may also file a complaint directly with MnDOT, Office of Transit and Active Transportation, ATTN: Compliance Coordinator at 395 John Ireland Blvd., MS 430, St. Paul, MN 55155-1899 or email complaint form to [jean.meyer@state.mn.us](mailto:jean.meyer@state.mn.us). As an alternate, a person may file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.



# Title VI Complaint Form

|                                                                                                                                                                                                                                                                                                                                                                   |             |  |                   |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|-------------------|----|
| <b>Section I:</b>                                                                                                                                                                                                                                                                                                                                                 |             |  |                   |    |
| Name:                                                                                                                                                                                                                                                                                                                                                             |             |  |                   |    |
| Address:                                                                                                                                                                                                                                                                                                                                                          |             |  |                   |    |
| Telephone (Home):                                                                                                                                                                                                                                                                                                                                                 |             |  | Telephone (Work): |    |
| Electronic Mail Address:                                                                                                                                                                                                                                                                                                                                          |             |  |                   |    |
| Accessible Format Requirements?                                                                                                                                                                                                                                                                                                                                   | Large Print |  | Audio Tape        |    |
|                                                                                                                                                                                                                                                                                                                                                                   | TDD         |  | Other             |    |
| <b>Section II:</b>                                                                                                                                                                                                                                                                                                                                                |             |  |                   |    |
| 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 |
| <b>Section III:</b>                                                                                                                                                                                                                                                                                                                                               |             |  |                   |    |
| I believe the discrimination I experienced was based on (check all that apply):                                                                                                                                                                                                                                                                                   |             |  |                   |    |
| [ ] Race [ ] Color [ ] 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?                                                                                                                                                                                                                                                                                                  |             |  | Yes               | No |
| <b>Section V</b>                                                                                                                                                                                                                                                                                                                                                  |             |  |                   |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Federal Agency:</p> <p><input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency</p> <p><input type="checkbox"/> State Court <input type="checkbox"/> Local Agency</p> |
| <p>Please provide information about a contact person at the agency/court where the complaint was filed.</p>                                                                                                                                                                                                                                                                                                                                               |
| <p>Name:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Title:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Agency:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>Address:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>Telephone:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Section VI</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Name of agency complaint is against:</p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>Contact person:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Title:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Telephone number:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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:  
 Tri-Valley Opportunity Council, Inc  
 1345 Fairfax Ave  
 Crookston, MN 56716