

Title VI Complaint Procedures

As a recipient of federal dollars, NCI Affiliates, Inc. is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. NCI Affiliates, Inc. has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by NCI Affiliates, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. NCI Affiliates, Inc. investigates complaints received no more than 180 days after the alleged incident. NCI Affiliates, Inc. will only process complaints that are complete.

Within 10 business days of receiving the complaint, NCI Affiliates, Inc. 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. NCI Affiliates, Inc. has 30 days to investigate the complaint. The complainant will be notified in writing of the cause to any planned extension to the 30-day rule.

If more information is needed to resolve the case, NCI Affiliates, Inc. may contact the complainant. The complainant has 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 10 business days NCI Affiliates, Inc. 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 letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no 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 10 business days after the date of the letter or the LOF to do so.

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.

All subcontractors and vendors who receive payments from NCI Affiliates (where funding originates from any Federal assistance, such as fleet procurement) are subject to the provisions of Title VI of the Civil Rights' Act as amended. As a result, written contracts shall contain non-discrimination language, either directly or through the bid specification package, which becomes an associated component of the contract.

NCI Affiliates, Inc. Title VI Complaint Form

COMPLAINT FORM

Section I: Please write legibly		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone (Optional):	
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
Section III:		
11. 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
12. Date of alleged discrimination: (mm/dd/yyyy)		
13. 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 sheets of paper.		

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COMPLAINT FORM

Section IV:		
14. Have you previously filed a Title VI complaint with NCI Affiliates?	YES	NO
Section V:		
15. 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 _____	[] State Agency _____	
[] Federal Court _____	[] Local Agency _____	
[] State Court _____		
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		Email:
Section VI:		
Name of Transit Agency complaint is against:		
Contact Person:		
Telephone:		

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

Signature and date are required below to complete form:

Signature _____ Date _____

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

NCI Affiliates, Inc.,
Attn: WDM Coordinator
1434 Chestnut Street
Paso Robles, CA 93446

Titulo VI Procedimiento de Queja

Como un receptor de dólares federales, NCI Affiliates tiene que cumplir con lo dispuesto en el Título VI de la ley de los derechos civiles de 1964 y asegúrese de que los servicios y los beneficios se proporcionen sobre una base no discriminatoria. NCI Affiliates ha puesto en marcha un procedimiento de queja Título VI, que emboza un proceso de disposición local de quejas del Título VI y es consistente con las pautas de Administración Federal de Transito Circular 4702.1B, de Octubre 1, 2012.

Cualquier persona que cree que ha sido objeto de discriminación por motivos de raza, color, u origen nacional por NCI Affiliates. puede presentar al Título VI su denuncia. NCI Affiliates. investiga las quejas no mas de 180 días después del incidente. NCI Affiliates solo tramitara las quejas que están completas.

En un periodo de 10 días de haber recibido la demanda, NCI Affiliates. la revisara para determinar si nuestra oficina tiene la jurisdicción. El autor de la queja, recibirá un acuse de recibo informándole al denunciante que será notificado por escrito si el caso de él/ella el será investigado por nuestra oficina. NCI Affiliates. tiene 30 días para investigar la queja.

Si necesita mas información para resolver el caso, NCI Affiliates. puede contactar al autor de la queja. El autor de la queja tiene 10 días de la fecha que recibió la carta para solicitar un investigador que sea asignado al caso.

El caso se puede cerrar también si el autor de la queja no desea proseguir con el caso. Después de que el investigador analice la queja, el / ella emitirá una de las dos cartas a la denunciante.

FORMA DE QUEJA

Seccion I: Escribir en forma legible		
1. Nombre:		
2. Direccion:		
3. Telefono:		3.a. Telefono secundario(<i>opcional</i>):
4. Direccion de correo electronico:		
5. Reuistos de forma accesible?	<input type="checkbox"/> Impresion grande	<input type="checkbox"/> Cinta de audio
	<input type="checkbox"/> TDD	<input type="checkbox"/> Otros
Seccion II:		
6. Esta presentando esta queja en su propio nombre?		Si No
*Si usted contesto "Si" to #6, vaya a la Seccion III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. Cual es su relacion con este individuo:		
9. Por favor, explique por que han presentado para una tercera parte:		
10. Por favor, confirme que ha obtenido el permiso de la parte agraviada en el archivo en su nombre.		Si No
Seccion III:		
11. Creo que la discriminacion que he experimentado fue basado en (<i>marqu todas las que correspondan</i>):		
<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Origin nacional
12. Fecha de supuesta discriminacion: (<i>mm/dd/aaaa</i>)		
13. Explica lo mas claramente posible lo que ocurrio y por que usted cree que son objeto discriminacion. Describir todas las personas que han participado. Incluir el nombre y la informacion de contacto de la(s) persona(s) que discrimina contra usted (si se conoce), asi como los nombres y la informacion de contacto de los testigos. Si se necesita mas espacio, por favor adjunte hojas adicionales de papel.		

Seccion IV:		
14. 14. Anteriormente ha presentado un Titulo VI denuncia con la NCI Affiliates, Inc.	Si	No
Seccion V:		
15. Ha presentado esta queja con cualquier otro local, estado o federal, o con cualquier Federal o Estado?		
[] Si* [] No si la respuesta es si		
Marque todo lo que aplica		
[] Agencia Federal _____	[] Agencia Estatal _____	
[] Federal Tribunal _____	[] Agencia Local _____	
[] Tribunal Estatal _____		
16. Si usted contesto "si" a la posicion #15, proporcionan informacion acerca de una persona de contacto en la agencia/tribunal donde se presento la denuncia.		
Nombre:		
Titulo:		
Organismo:		
Direccion:		
Telefono:		Correo electronico:
Seccion VI:		
Nombre de organismo Transito denuncia es contra:		
Persona de contacto:		
Telefono:		