

Title VI Complaint Process

A person can receive a copy of the complaint form by contacting the transit administrator by either calling 641-754-5719, by faxing the request via fax machine at 641-754-4148 or by mailing in the request to the administrator at 905 East Main Street, Marshalltown, Iowa 50158.

Once the document is received by the transit administrator:

- Enter and record the tracking/document number
- The complaint document is reviewed to ensure that it has been filled out correctly and completely.
- If it is not, contact will be attempted with the complainant to fill out the form more completely.
- A fact-finding investigation around the event will be pursued, including confirmation that the transit employee allegedly involved was actually at work that day, on the specific route or run.
- The security camera footage will be removed from the bus, reviewed and saved on a SD card.
- The GPS data for the specific bus will be checked to confirm that it was near the scene of the event.
- There will be an interview with the complainant, the accused employee and witnesses.
- The information will be compiled, reviewed, followed up and then reviewed again.
- There will be a "Letter of Finding" issued within thirty calendar days of confirmation of all information received.

Marshalltown Municipal Transit Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Transit Administrator at (641) 754-5719.

Complete and return this form to: Marshalltown Municipal Transit, Transit Administrator, 905 E Main St, Marshalltown, IA 50158.

1. Complainant's Name _____
2. Address _____
3. City _____ State _____ Zip _____
4. Telephone (home) _____ (cell) _____
5. Person discriminated against (if someone other than the complainant):
Name _____
Address _____
City _____ State _____ Zip _____
6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your (please circle one):
A. Race/Color B. National Origin C. Age
D. Gender E. Income
7. What date did the alleged discrimination take place? _____
8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. If you need more room please use the back of this sheet. _____

9. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes _____ No _____

If yes, please circle each one that applies:

Federal Agency Federal Court State Agency
State Court Local Agency

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

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

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

Complainant's Signature

Date