



**PLACER COUNTY  
TRANSIT**



**TAHOE TRUCKEE  
AREA REGIONAL  
TRANSIT**

## **Your Rights Under Title VI of the Civil Rights Act of 1964**

This document outlines the Title VI complaint procedures related to providing programs, services, and benefits. It does not, however, deny the complainant the right to file formal complaints with the California Department of Transportation, the Secretary of the US Department of Transportation, Equal Employment Opportunity Commission (EEOC), Federal Highway Administration (FHWA), Federal Transit Administration (FTA), or to seek private counsel for complaints alleging discrimination, intimidation or retaliation of any kind that is prohibited by law.

Title VI of the Civil Rights Act of 1964 requires that no person in the United States, on the grounds of **race, color or national origin** be excluded from, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance. Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

### **Title VI Complaint Procedure:**

1. Any person who believes that they have been subjected to discrimination may file a written complaint with the Placer County Department of Public Works. Federal and State law requires complaints be filed within one-hundred eighty (180) calendar days of the last alleged incident. The complaint procedure may be obtained from the Placer County web page at either [www.placer.ca.gov/transit](http://www.placer.ca.gov/transit) or [www.placer.ca.gov/tart](http://www.placer.ca.gov/tart). The complaint procedure may be requested via e-mail at [pct@placer.ca.gov](mailto:pct@placer.ca.gov) or [tart@placer.ca.gov](mailto:tart@placer.ca.gov). The complaint may be via telephone at 530-745-7591. The complaint procedure can be obtained by writing to Placer County Department of Public Works, 3091 County Center Drive #220, Auburn, CA 95603.
2. The complaint must be completed on the form included in this document.

If the complainant is unable to write a complaint, Placer County Department of Public Works staff will assist the complainant. If requested by complainant, Placer County will provide a language or sign interpreter.

The complaint may be sent to the following address:

**Placer County Department of Public Works  
3091 County Center Drive, Suite 220  
Auburn, CA 95603**

3. Complainants also have the right to complain directly to the Federal Transit Administration 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 . Complaints must be filed within one-hundred eighty (180) calendar days of the last alleged incident.

4. PLACER COUNTY DEPARTMENT OF PUBLIC WORKS will begin an investigation within fifteen (15) working days of receipt of a complaint.

5. PLACER COUNTY DEPARTMENT OF PUBLIC WORKS will contact the complainant in writing no later than thirty (30) working days after receipt of complaint for additional information, if needed. If the complainant fails to provide the requested information in a timely basis, PLACER COUNTY DEPARTMENT OF PUBLIC WORKS may administratively close the complaint.

6. PLACER COUNTY DEPARTMENT OF PUBLIC WORKS will complete the investigation within ninety (90) days of receipt of the complaint. If additional time for investigation is needed, the Complainant will be contacted. A written investigation report will be prepared by the investigator. This report shall include a summary description of the incident, findings and recommended corrective action.

7. A closing letter will be provided to the complainant. The respondent or respondent department will also receive a copy of the closing letter. Each will have five (5) working days from receipt of the report to appeal. If neither party appeals, the complaint will be closed.

8. If the complainant is dissatisfied with the written decision, he or she may file a written appeal with the Director of Public Works, 3091 County Center Drive #220, Auburn CA, 95603 no later than 15 days of the date of the mailing of the decision and must be signed by the complainant or by someone authorized to do so on the complainant's behalf. If deemed necessary, the Director of Public Works may seek assistance from the Placer County Risk Management Division for further investigation.

**Placer County Department of Public Works/Transit Services**  
**Title VI Civil Rights Complaint Form**

Title VI of the Civil Rights Act of 1964 states 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." **If you believe you have been discriminated against, please provide the following information in order to assist Placer County in processing your complaint.**

**SECTION 1** (Please print clearly):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Accessible format requirements? \_\_\_\_ (Large print) \_\_\_\_ (Audio) \_\_\_\_ (TDD) \_\_\_\_ (Other)

**SECTION 2**

Are you filing this complaint on your own behalf? \_\_\_\_ (Yes) \_\_\_\_ (No)

If you answered yes to this question, go to Section 3.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 the third party.  
\_\_\_\_ (Yes) \_\_\_\_ (No)

**SECTION 3**

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

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin

Date, Time and Place of Occurrence: \_\_\_\_\_

Name (s) and Title(s) of the person (s) who I believe discriminated against me:

\_\_\_\_\_  
\_\_\_\_\_

The action or decision which caused me to believe I was discriminated against is as follows:

*(Please include a description of what happened and how your benefits were denied, delayed or affected):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all witnesses' names and phone numbers (if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of corrective action would you like to see taken?

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**SECTION 4**

Have you previously filed a Title VI complaint with this agency? \_\_\_\_ (Yes) \_\_\_\_ (No)

**SECTION 5**

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 Number: \_\_\_\_\_

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

I believe the above information is true and correct to the best of my knowledge.

Signature and date required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

Placer County Department of Public Works  
3091 County Center Drive, Suite 220  
Auburn, CA 95603