

Title VI ( ) ADA ( )  
**SUNSET EMPIRE TRANSPORTATION DISTRICT**  
**Discrimination Complaint Form**

**Section I.**

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

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

|                         |                         |
|-------------------------|-------------------------|
| Telephone (Home): _____ | Telephone (Work): _____ |
|-------------------------|-------------------------|

Accessible Format Requirements?       Large Print       Audio Tape  
 TDD       Other, please explain: \_\_\_\_\_

**Section II.**

Are you filing this complaint on your own behalf?       Yes\*       No  
 \*If you answered “yes” to this question, go to Section III.

If you answered “no”, please supply your name and relationship to the person for whom you are completing this form: \_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:       Yes       No

**Section III.**

I believe the discrimination I experienced was based on (please circle all that apply)  
 RACE      AGE      NATIONAL ORIGIN      COLOR      DISABILITY

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. Include the names and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_

\_\_\_\_\_

**Section IV.**

Have you previously filed a discrimination complaint with this agency?       Yes       No

## Section V.

Have you filed this complaint with any Federal, State, or Local Agency? Have you filed with any Federal or State courts?

Yes       No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

State Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## Section VI.

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date are required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Sunset Empire Transportation District

Attn: Executive Director

900 Marine Drive

Astoria, OR 97103

[jeff@ridethebus.org](mailto:jeff@ridethebus.org)

# ***Attachment B***

## **Discrimination Complaint Procedure**

1. Any person who believes that he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973 and the Civil Rights Restoration Act of 1987, as amended, may file a complaint with SETD. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the Executive Director for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after:
  - a) The date of alleged act of discrimination; or
  - b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

In either case, SETD may extend the time for filing or waive the time limit in the interest of justice, as long as SETD specifies in writing the reason for so doing.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the alleged discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of SETD, the person shall be interviewed by the Executive Director. If necessary, the Executive Director will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall then be processed according to SETD's Service Improvement and investigative procedures.
4. Within 10 days, the Executive Director will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as the Oregon Department of Transportation (ODOT) and U.S. Department of Transportation (USDOT).
5. The Executive Director will advise ODOT and/or USDOT within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to ODOT and/or USDOT:
  - a) Name, address, and phone number of the complainant.
  - b) Name(s) and address(es) of alleged discriminating official(s).
  - c) Basis of complaint (i.e., race, color, national origin or sex)
  - d) Date of alleged discriminatory act(s).
  - e) Date complaint was received by the recipient.
  - f) A statement of the complaint.
  - g) Other agencies (state, local or Federal) where the complaint has been filed.
  - h) An explanation of the actions SETD has taken or proposed to resolve the issue in the complaint.
6. Within 60 days, the Executive Director will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to the District's Board of Directors. The complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the report of findings.
7. Within 90 days of receipt of the complaint, the Executive Director will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ODOT, or USDOT, if they are dissatisfied with the final decision rendered by SETD. The

Executive Director will also provide ODOT and/or USDOT with a copy of this decision and summary of findings upon completion of the investigation.

8. Contact information for the state and federal Title VI administrative jurisdiction is as follows:

Intermodal Civil Rights Manager  
Oregon Department of Transportation  
3930 Fairview Industrial Drive SE, MS23  
Salem, OR 97302  
503-986-3619

FTA Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor – TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590