Title VI Complaint Procedures

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Billings MET Transit (hereinafter referred to as "the MET") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint form. The City of Billings MET Transit investigates complaints received no more than 180 calendar days after the alleged incident. The MET will process complaints that are complete.

Once the complaint is received, the MET 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.

The MET shall also provide assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, the MET shall make every effort to address all complaints in an expeditious and thorough manner.

The MET has 60 days to investigate the complaint. If more information is needed to resolve the case, the MET may contact the complainant. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the MET 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 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 7 days after the date of the letter or the LOF to do so, and the appeal will be reviewed and answered by the Director of Aviation and Transit.

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.

TITLE VI COMPLAINT FORM City of Billings MET Transit

SECTION I:				
Last Name	First Name	Middle Name		
Address	City	ST.	ZIP	
Home Phone	Work Phone		Cell Phone	
Electronic Mail Address: _				
SECTION II:				
Are you filing this complaint on your own behalf? *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:		Yes*	No	
Please explain why you ha	ve 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	

SECTION III:		
I believe the dis	scrimination Lex	sperienced was based on (check all that apply):
. Delice circ dis		periodica was susca on (oncor an that apply)
Race □	Color□	National Origin
Date of Alleged	Discrimination	(Month, Day, Year):
Describe all per	sons who were	hat happened and why you believe you were discriminated against. involved. Include the name and contact information of the person(s) (if known) as well as names and contact information of any witnesses.

SECTION IV			
Have you previously filed a Title VI complaint with this agency?	Yes	No	
SECTION V			
Have you filed this complaint with any other Federal, State	, or local agenc	,, or with any Federal or St	ate
court?			
□ Yes □ No			
If yes, check all that apply:			
	tate Agency:		
☐ State Court:			
Please provide information about a contact person at the a	agency/court wi	nere the complaint was file	
Namo			
Name: Title:			
Agency:			
Address			
Telephone:			
тетернопе.			
SECTION VI			
52511511 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 complai	nt.
Signature of Complainant	_	Date	
Please submit this form in person at the address below, or	mail this form t	0:	
City of Billings MET Transit			
Title VI Coordinator			
1705 Monad Road	Γ	FOR CLERICAL USE O	ONI V
Billings, MT 59101		. ON CLEMONE OSE C	
		DATE COMPLAINT DECEIVED D	
		DATE COMPLAINT RECEIVED B	y recipi

Complaint #: _____