

# Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Copa Health, Inc. including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other state or federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

Any person who believes s/he has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form attached to this procedure.

Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainants, or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.

Complaints must be in writing and signed by the complainants and must include the complainants' name, address and phone number. The Title VI contact person will assist the complainants with documenting the issues if necessary.

Allegations received by fax or email will be acknowledged and processed, once the identity of the complainants and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.

Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.

Once submitted agency will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the agency or submitted to the state or federal authority for guidance.

Agency will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at 602-534-3026; email to: [PHXTransitEO@phoenix.gov](mailto:PHXTransitEO@phoenix.gov).

Agency has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 business days from the date of the letter 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 40 business days,

the Authority 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, s/he will issue one of two letters to the complainant: a closure letter or a letter of finding. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A letter of finding 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, s/he has 30 days after the date of either letter to do so.

A complainant dissatisfied with agency decision may file a complaint directly with the City of Phoenix Public Transit Department, Attention: Title VI Coordinator, 302 N 1<sup>st</sup> Ave., Ste. 900, Phoenix, AZ 85003 or the Federal Transit Administration offices of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

A copy of these procedures can be found at [CopaHealth.org](http://CopaHealth.org).

# Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
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 a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
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		
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) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
_____		
_____		
_____		
<b>Section VI:</b>		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

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

**Section V:**

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:

**Section VI:**

Name of agency complaint is against:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Copa Health, Inc., Title VI Coordinator

924 North Country Club Drive

Mesa, AZ 85201

480-969-3800

Mark.Tompert@CopaHealth.org

A copy of this form can be found online at [www.CopaHealth.org](http://www.CopaHealth.org).