



Tangipahoa Parish Transit Title VI Non-Discrimination

Policy Statement

In compliance with Title VI of the Civil Rights Act of 1964, Tangipahoa Parish Government operates all of its programs and provides public transportation services without regard to race, color, or national origin. Tangipahoa Parish is committed to providing non-discriminatory service that is open to the general public. Tangipahoa Parish is committed to ensuring that no person is excluded from access to its transit services on the basis of race, color, or national origin. Also, under the Americans with Disabilities Act of 1990, Tangipahoa Parish shall not discriminate against an individual with a physical or mental disability in connection with the provision of transportation service. Anyone who believes that they have been subject to an unlawful discriminatory practice by Tangipahoa Parish has the right to file a complaint with the Tangipahoa Parish Government. Anyone who has a discrimination complaint should call Tangipahoa Parish at (985) 748-3211, Personnel Director. Tangipahoa Parish will respond and request additional information with the goal of obtaining an appropriate resolution. Formal complaints must be in writing and mailed or emailed to: Virginia Baker,

Personnel Director, P. O. Box 215, Amite, La. 70422-0215 or vbaker@tangipahoa.org.



Tangipahoa Parish Government Discrimination Complaint Procedure

In compliance with Title VI of the Civil Rights Act of 1964, Tangipahoa Parish operates all of its programs and provides public transportation services without regard to race, color, national origin. Tangipahoa Parish is committed to providing non-discriminatory service that is open to the general public. Tangipahoa Parish is committed to ensuring that no person is excluded from access to its transit services on the basis of race, color, or national origin. Also, under the Americans with Disabilities Act of 1990, Tangipahoa Parish shall not discriminate against an individual with a physical or mental disability in connection with the provision of the public transportation service, or other Title VI-Civil Rights complaints relating to the Parish government.

1. Anyone who believes that they have been subject to an unlawful discriminatory practice by Tangipahoa Parish Government has the right to file a written complaint within 180 days from the date of the alleged discrimination. Anyone who has a discrimination complaint should call Tangipahoa Parish at (985) 748-3211 and ask to speak to the Personnel Director. Tangipahoa Parish will respond and request additional information with the goal of obtaining an appropriate resolution promptly.

2. Formal complaints must be in writing, signed by the complainant and/or the complainant's representative, and mailed or emailed to the following address: Virginia Baker, Personnel Director, P. O. Box 215, Amite, La. 70422-0215; vbaker@tangipahoa.org. Complainants must describe as accurately as possible all facts and circumstances surrounding the alleged discrimination and use the Parish's complaint form provided. The complaint shall be handled according to these investigative procedures.

3. For Transit related complaints, such will be referred also to the Transit Manager (at TVCOA) for review and action. The Transit Manager will review and investigate every complaint promptly. Reasonable measures will be undertaken to preserve any information that is confidential. The investigation will identify and review all relevant documents, practices and procedures; and identify and interview persons with knowledge of the Title VI violation (**the person making the complaint; witnesses or anyone identified by the Complainant; anyone who may have been subject to similar activity; or anyone with relevant information**).

4. Upon completion of the investigation, the Transit Manager will complete a final written report for the Tangipahoa Parish Personnel Director, who will also make his/her own report. If a Title VI violation is found to exist, remedial steps as appropriate and necessary will be taken immediately. The Complainant will also receive a final report together with any remedial steps or actions to address the concern. For non-transit related complaints, the Personnel Director will prepare a written report on the complaint and the findings.

5. The Transit Manager and the Parish Personnel Director shall maintain a log of Title VI complaints received from this process to include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken by Tangipahoa Parish in response to the complaint. If the Personnel Director cannot resolve the complaint with the complainant, the issue can be put on the agenda of the Parish Council for discussion.

6. A summary of the complaint and resolution will be included as part of the Title VI updates to the FTA and/or any other agency or auditor requesting such information.



Tangipahoa Parish Title VI Complaint Form

In compliance with Title VI of the Civil Rights Act of 1964, the Tangipahoa Parish Government operates all of its programs and provides public transportation and other services without regard to race, color, or national origin. Tangipahoa Parish is committed to providing non-discriminatory service that is open to the general public. Anyone who believes that they have been subject to an unlawful discriminatory practice by Tangipahoa Parish has the right to file a Title VI complaint with the Parish of Tangipahoa. The complaint must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call (985) 748-3211. The completed form must be sent to: Personnel Director, P. O. Box 215, Amite, La. 70422-0215 or vbaker@tangipahoa.org.

COMPLAINANT INFORMATION

Name: _____

First Name

MI

Last Name

Phone: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____

Home Address: _____

City _____

State _____

Zip Code: _____

Mail Address: _____

City _____

State _____

Zip Code: _____

Name(s) & Contact Information for person(s) discriminated against *(if someone other than complainant) If you need more space attach additional sheet to this form:*

Name: _____

First Name

MI

Last Name

Phone: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____

Mail Address: _____

City _____

State _____

Zip Code: _____

Name: _____

First Name

MI

Last Name

Phone: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____

Mail Address: _____

City _____

State _____

Zip Code: _____



Name: _____

First Name

MI

Last Name

Phone: (____) _____ - _____

Alternate Phone: (____) _____ - _____

Mail Address: _____

City _____

State _____

Zip Code: _____

Describe the alleged discrimination incident as accurately as possible, including names, dates, and times. Provide the names of all Tangipahoa Parish or transit employees involved, if available.

Explain what happened and who you believe was responsible. (Please use the back of this form if additional space is required.)

I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant's Signature: _____

Date: ____/____/____

OFFICE USE ONLY

HR Receive Stamp:



Tangipahoa Parish Americans With Disabilities Act Complaint Form

Please use this form to file a complaint based on disability in the provision of services, activities, programs or benefits.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call (985) 748-3211. The completed form must be sent to: Personnel Director, P. O. Box 215, Amite, La. 70422-0215 or vbaker@tangipahoa.org.

COMPLAINANT INFORMATION

Name: _____

First Name

MI

Last Name

Phone: (____) _____ - _____

Alternate Phone: (____) _____ - _____

Home Address: _____

City _____

State _____

Zip Code: _____

Email: _____

1. **Your Claim is made against:** _____

Agency: _____

Name: _____

Title: _____

Address: _____

Phone: _____

2. **Location(s) and date(s) of the circumstances giving rise to your complaint:** _____



Are the circumstances of your complaint continuing?

Yes No

3. Please describe the alleged denial of service, activities, programs or benefits and your reason(s) for concluding that the conduct was discriminatory. Please include the name(s) of witnesses, if any, and attach supporting data, if available.

4. A. Have you filed a claim regarding this complaint with a federal, state, or local government agency?

Yes No If yes, who and when: _____

B. Have you hired an attorney with respect to the allegations in the complaint?

Yes No If yes, who and when: _____

C. Have you instituted a legal suit or court action regarding this complaint?

Yes No

5. This complaint form was completed by:

Government Representative Complainant ADA Coordinator

I affirm that I have read the above charge and that it is true to the best of my knowledge.

Complainant's Signature: _____

Date: ____/____/____

OFFICE USE ONLY

HR Receive Stamp: