

Notification of the Public Rights Under Title VI

Neponset Valley TMA Shuttles

Neponset Valley TMA Shuttles and its contractor, TransAction Corporate Shuttles, operates its programs and services without regard to race, color, and national origin in accordance with Title VI and the Civil Rights Act.

Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Neponset Valley TMA Shuttles or with TransAction Corporate Shuttles.

For more information on civil rights program and the procedures to file a complaint, contact 781-895-1100; email kdumaine@transactionassoc.com; or visit our administrative office at 5 Wheeling Avenue, Woburn, MA 01801.

A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

NEPONSET VALLEY TMA SHUTTLES

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 Neponset Valley TMA Shuttles or its contractor, TransAction Corporate Shuttles, may file a Title VI complaint by completing and submitting a Title VI Complaint Form.

Neponset Valley TMA Shuttles and TransAction Corporate Shuttles investigates complaints received no more than 180 days after the alleged incident using the following process:

- Complaints that are complete will be processed.
- Once the complaint is received, it will be reviewed to determine justification.
- The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated.
- Neponset Valley TMA Shuttles and TransAction Corporate Shuttles have 60 days to investigate the complaint.
- If more information is needed to resolve the case, the complainant may be contacted.
- The complainant has 10 business days from the date of the letter to 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 10 business days, administratively the case can be closed.
- A case can also 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 10 days after the date of the letter or the LOF to do so. 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

Neponset Valley TMA Shuttles /TransAction Corporate Shuttles Title VI Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require that no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Karen Dumaine, TransAction Associates, 5 Wheeling Avenue, Woburn, MA,01801 (781),895-1100 and MCAD, One Ashburton Place, 6th Floor, Boston, MA 02109, (617) 994-6000, TTY: (617) 994-6196

1. Complainant's Name _____

2. Address _____

3. City _____ State _____ Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City _____ State _____ Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place?

Was it because of your:

- a. Race/Color
- b. Sex
- c. Disability
- d. National Origin
- e. Age

7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination.

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

9. 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 each box that applies:

- Federal agency
- Federal court
- State agency
- State court
- Local agency

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

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

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

Complainant's Signature

Date