



## CITY OF RALEIGH ADA/TITLE VI COMPLAINT FORM

### Background

Recipients must create and make available an Americans with Disabilities Act/Title VI Complaint Form for use by customers who wish to file an ADA/Title VI complaint. The complaint form shall be available on the recipient’s website. A recipient’s ADA/Title VI Complaint Form shall specify the three classes protected by ADA/Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. The ADA/Title VI Complaint Form is a vital document. If any of the Limited English Proficient (LEP) populations in your service area meet the Safe Harbor threshold (see Chapter III), then the procedure should be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold

City of Raleigh (COR) is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by ADA/Title VI of the Civil Rights Act of 1964 (Title VI).

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call Richard Vinson, Senior Planner, at (919) 996-3030. Once completed, return a signed and dated copy to:

City of Raleigh Transit Special Investigations  
ADA/Title VI Coordinator  
City of Raleigh Public Works  
PO Box 590  
Raleigh, North Carolina 27602

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call (919) 996-3030.

[FOR OFFICE USE ONLY]
Complaint No. _____

### Part I.

Name			
Address			
Telephone (Home)		Telephone (Work)	
Electronic Mail Address:			
Accessible Format Requirements?			
TDD	Large Print	Audio Tape	Other

## Part II.

Are you filling this complaint on your own behalf?      Yes*      No		
*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:		
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.	Yes	No

## Part III

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 spaces is needed, please use the back of this form.

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\* You may use the back of this document for addition comments or attach any written materials or other information you think is relevant to your complaint.

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## Part IV

Have you previously filed an ADA/Title VI complaint with this agency?	Yes	No
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## Part V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, check all that apply: <input type="checkbox"/> Federal Agency:  <input type="checkbox"/> Federal Court <input type="checkbox"/> State Agency <input type="checkbox"/> State Court <input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:

## Part VI

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

To protect your rights, your complaint must be filed within 180 days following the date of the alleged discrimination. Failure to file within 180 days may result in dismissal of the complaint.

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature and date required below

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Richard Vinson  
ADA/Title VI Coordinator  
City of Raleigh Transportation Department  
PO Box 590  
Raleigh, NC 27602

### **ADA/Title VI Complaint Form**

The City of Raleigh's ADA/Title VI complaint form information is available in English on the City of Raleigh's website and presented in this report. The City of Raleigh's website also provides access to translation of the ADA/Title VI complaint form into other languages if needed.