



Benton County ADA & Title VI Complaint Procedures

1. Any person who believes that he or she, has been subjected to discrimination prohibited by the Americans with Disabilities Act (ADA) or Title VI of the Civil Rights Act of 1964, may file a complaint with the Benton County Special and Rural Transportation Program (BCSRT). A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the Benton County Public Works Director for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after: a) The date of alleged act of discrimination; or b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued. In either case, the Director may extend the time for filing or waive the time limit in the interest of justice, as long as the Director specifies in writing the reason for so doing.
3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the alleged discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of Benton County, the person shall be interviewed by the Benton County Public Works Director. If necessary, the Director will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature.
4. Within 10 days, the Benton County Public Works Director will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as ODOT and USDOT.
5. The recipient will advise ODOT and/or USDOT within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to ODOT and/or USDOT:
 - a) *Name, address, and phone number of the complainant.*
 - b) *Name(s) and address(es) of alleged discriminating official(s).*
 - c) *Basis of complaint (i.e., race, color, or national origin)*
 - d) *Date of alleged discriminatory act(s).*
 - e) *Date of complaint received by the recipient.*
 - f) *A statement of the complaint.*
 - g) *Other agencies (state, local or Federal) where the complaint has been filed.*
 - h) *An explanation of the actions Benton County has taken or proposed to resolve the issue in the complaint.*



6. Within 90 days of receipt of the complaint, the Benton County Public Works Director will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ODOT, or USDOT, if they are dissatisfied with the final decision rendered by Benton County. The Public Works Director will also provide ODOT and/or USDOT with a copy of this decision and summary of findings upon completion of the investigation.

7. Contacts for the different Title VI administrative jurisdictions are as follows:

Oregon Department of Transportation
Office of Civil Rights
Attn: Intermodal Civil Rights Manager
355 Capitol Street, NE
Salem, OR 97301
503-986-3169

Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
1200 New Jersey Ave.,
SE Washington, DC 20590

FTA Complaint procedures can also be found on the FTA web site at: www.fta.dot.gov. These procedures are also outlined in FTA Circular 4702.1A. Chapter IX.



Benton County Special and Rural Transportation ADA and Title VI Complaint Form

Instructions: If you would like to submit an ADA or Title VI complaint to the Benton County Special Transportation Agency, please fill out the form below and send it to: Benton County Public Works, Attn: Public Works Director, 360 SW Avery Ave., Corvallis, OR 97333. For questions or a full copy of County's Title VI policy and complaint procedures, call the Transportation Coordinator at 541-754-1748.

1. Name (Complainant):	
2. Phone:	3. Home address (street no., city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination because of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> National origin <input type="checkbox"/> Other	
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.	



9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone number:

13. 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 court

Local agency

State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.



Agency/Court:	Contact's Name:	Address:	Phone number:
Signature (Complainant):			Date of filing: