



INRCOG
Iowa Northland Regional
Council of Governments



**Iowa Northland Regional Council of Governments
Iowa Northland Regional Transit Commission dba
OnBoard Public Transit
229 E. Park Ave., Waterloo, IA 50703**

Title VI Complaint Process

In compliance with US Dept. of Transportation Title VI regulations (49 CFR Part 21), the Iowa Northland Regional Council of Governments (INRCOG), its Advisory Committees, and Delegated Authority Groups (including the Iowa Northland Regional Transit Commission dba OnBoard Public Transit, the Black Hawk County Metropolitan Area Transportation Policy Board, and the Regional Transportation Authority Policy Board) operate without regard to race, color or national origin.

Any person who believes he or she has been discriminated against by INRCOG or any of its Advisory Committees and Delegated Authority Groups on the basis of race, color, or national origin may file a Title VI Complaint. A Title VI Complaint Form can be downloaded at www.inrcog.org or by call INRCOG at 319-235-0311.

1. Complaints must be filed within 180 calendar days of either:
 - a. the date of the alleged act of discrimination; or
 - b. the date person became aware of the alleged discrimination; or
 - c. the date the conduct was discontinued if a continue course of conduct.
2. INRCOG will notify the complainant within 10 business days that the receipt has been received.
3. INRCOG will also notify the Iowa DOT of with 10 business days of receipt of the complaint
4. INRCOG will process the complaint within 90 calendar days of receipt of the complaint
5. INRCOG will invite the complainant to participate in mediation to resolve the complaint by informal means; the complainant must respond to INRCOG in writing within 10 calendar days if they choose to participate in mediation
6. Mediation should be completed within 30 calendar days of receipt of the complaint.
7. A written Notice of Final Action with be provide to the complainant within 60 days of the date the discrimination complaint was filed.
8. The complainant has the right to file a complaint with the Iowa DOT, FHWA, USDOT or USDOJ within 30 calendar days after the Notice of Final Action, if she or he is dissatisfied with the final action on the discrimination complaint.

All information gathered in this process will be kept confidential.



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TITLE VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. §2000d.

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act. Assistance with completing this form is available by contacting INRCOG's Director of Administrative Services at (319) 235-0311.

Complainant's Name _____

Address: _____ City: _____

State: _____ ZIP Code: _____

Telephone (Home/Cell): _____ Telephone (Work): _____

E-mail: _____

Person(s) discriminated against (if other than complainant):

Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____

Telephone (Home): _____ Telephone (Work): _____

What is the discrimination based on (check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Income Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | |

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Date of the alleged discrimination
(month, day, year):

Location of the alleged
discrimination:

Agency or person that was
responsible for the alleged
discrimination:

Have you filed this complaint with any other Federal, State, or local agency? Yes No

If yes, whom?

What remedy are you seeking?

List names and contact information of persons who may have knowledge of the alleged
discrimination.

Describe the alleged discrimination. Explain what happened and whom you believe as responsible. (If
more space is needed, use the back of this form.)

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Please sign and date. The complaint will not be accepted if it has not been signed. You may attach any written materials or other supporting information you think is relevant to your complaint.

Signature of Complainant (or his/her authorized representative)

Date

INRCOG and INRTC do not discriminate against any person on the grounds of race, color, national origin, sex, age or disability. If you need assistance completing this form, contact INRCOG at: (319) 235-0311.

Over the phone interpretation is available for those who have limited English proficiency.
Captioned telephone users may contact us by calling Relay Iowa at 7-1-1

**Submit this form and return to:
INRCOG
229 E. Park Ave.
Waterloo, IA 50703**