

**CITY OF RACINE**  
**HOW TO FILE A CIVIL RIGHTS TITLE VI DISCRIMINATION COMPLAINT**

The City of Racine/RYDE Racine operates its programs without regard to race, sex, color or national origin.

Any person who believes that he or she, individually, or as a member of any specific class of persons, has been subjected to discrimination on the basis of race, color, or national origin as it relates to the provision of transportation services and transit-related benefits may file a Title VI discrimination complaint.

You may file an "informal" Title VI discrimination complaint with the City of Racine, or you may file a "formal" discrimination complaint with the Federal Transit Administration. No one may threaten or harass you for making a complaint. No one may threaten or harass your witness because they are willing to say what they saw, heard or experienced.

To file an "informal" Title VI discrimination complaint, request a Title VI discrimination complaint form from the City of Racine by calling the Affirmative Action Officer and return it to:

Affirmative Action Officer

Phone: (262) 636-9599

Email: [rashanda.cainion@cityofracine.org](mailto:rashanda.cainion@cityofracine.org),

City of Racine Human Resources Department - Room 204, 730 Washington Avenue, Racine, WI, 53404.

Please retain a copy for your records. A written response to your complaint is required within 30 days.

If you are not satisfied with the response and suggested resolution by the Affirmative Action officer you may request a hearing of your issue in front of the City of Racine Transit Commission. Such hearing should be requested no more than 30 days after receipt of the Affirmative Action Officer's response and it will be scheduled at a mutually convenient time for both you and the Transit Commission no later than 60 days after your request for a Transit Commission hearing.

If you are not satisfied with the resolution to your "informal" complaint, you can still file a "formal" complaint with the Federal Transit Administration. A formal complaint must be filed within 180 days of the occurrence of the action provoking the complaint.

If you plan to make a formal complaint you are not required to wait to get an answer to the informal complaint. You may file a formal complaint at any time, before the 180 day deadline, even if you are awaiting a response to an informal complaint. The address for the Federal Transit Administration is listed below. Formal complaints should be filed as soon as possible after the occurrence of the action provoking the complaint.

The address to file a formal complaint is:

FTA Office of Civil Rights  
Title VI Program Coordinator  
East Building, 5<sup>th</sup> Floor-TCR  
1200 New Jersey Avenue SE  
Washington, DC. 20590

# RYDE Racine

## Title VI Complaint Form

### **Section I**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

### **Section II**

Are you filing 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 \_\_\_\_\_

### **Section III**

I Believe the discrimination I experienced was based on (check all that apply):

Race  Color  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 names 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 space is needed, please use the back of this form.

### **Section IV**

Have you previously filed a Title VI complaint with this agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with and Federal or State court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

Local Agency: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Section VI**

Name of agency complaint is against:

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

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

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

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

**Your signature and the date are required below:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

Affirmative Action Officer

Phone: (262) 636-9599

Email: rashanda.cainion@cityofracine.org,

City of Racine Human Resources Department - Room 204, 730 Washington Avenue, Racine, WI, 53404.