



Cabarrus County Transportation Service (CCTS)

Title VI Complaint Procedure

The Cabarrus County Transportation Service is committed to a policy of non-discrimination in the conduct of its business, including its Title VI responsibilities and to the delivery of equitable and accessible transportation services. Cabarrus County Transportation Service recognizes its responsibilities to the communities in which it operates and to the society it serves. It is the Cabarrus County Transportation Service policy to utilize its best efforts to assure that no person shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its program or transit service delivery and related benefits.

If you believe that you have been excluded from participation in, denied the benefits of or subjected to discrimination based on race, color, or national origin under Cabarrus County Transportation Service program of transit service delivery or related benefits, you may file a complaint with the Cabarrus County Transportation Service Title VI Coordinator, Post Office Box 707, Concord NC 28026-0707. We encourage you to make your complaint in writing.

Complaint must be filed within 180 days from the date of the alleged discrimination. Complaints may also be filed with the Federal Transit Administration's Office of Civil Rights, 1760 Market Street, Suite 500, Philadelphia, PA 19103-4124, no later than 180 days after the date of alleged discrimination.

All complaints will be investigated promptly. Reasonable measures will be undertaken to preserve any information that is confidential. The Title VI Coordinator will review every complaint, and when necessary, assign a neutral party to investigate. At a minimum the investigating officer will:

- Identify and review all relevant documents, practices and procedures.
- Identify and interview persons with knowledge of the Title VI violation, i.e., the person making the complaint, witnesses or anyone identified by the complainant, anyone who may have been subject to similar activity or anyone with relevant information.

Upon completion of the investigation, the Title VI Coordinator will complete a final report. If a Title VI violation is found to exist, remedial steps as appropriate and necessary will be taken immediately. The complainant will also receive a final report along with notifying the complainant of his/her right to file a complaint externally. The investigation process and final report should take no longer than ninety (90) business days. Receipt of additional relevant information and/or simultaneous filing of complaint with Cabarrus County Transportation Service and an external entity may expand the timing of the complaint resolution.

The Title VI Coordinator shall maintain a log of Title VI complaints received which shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response to the complaint. Should Cabarrus County Transportation Service receive a Title VI complaint in the form of a formal charge or lawsuit, the system's General Counsel shall be responsible for the investigation and maintaining a log as described herein. Title VI complaints must be reported to the NC Department of Transportation (NCDOT) within 24 hours of receipt of complaint. The NCDOT must also be forwarded status and final reports.

If requested, documents describing the Cabarrus County Transportation Service Title VI Policy can be translated into languages other than English.

Typically, the Cabarrus County Transportation Service will complete its initial investigation within **5 working days**. Exceptions might be caused if a key party is on vacation or otherwise unavailable for a short period of time. But if you desire a contact or follow up from this report, please give us your contact information and we will let you know what conclusion we reach. But please be advised, in the case that there was some error or omission on the part of Cabarrus County Transportation Service personnel, we can not and will not discuss any action we may or may not have taken when it involves a particular individual. Should the situation involve a company policy or decision, you will be informed of any action deemed necessary to correct any given situation.

Thank you for taking time to complete this report. We really appreciate your help. It is my hope, that by working together, we can offer you the best possible transportation service.

Please print, fill out and return the passenger service event report/complaint form only.

Mail the form to:

**Cabarrus County Transportation Service (CCTS)
Title VI Coordinator
Post Office Box 707
Concord NC 28026-0707**

Sincerely,

Randy Bass
Transportation Director
Cabarrus County Transportation Service (CCTS)
www.cabarruscounty.us/transport
(704) 980-2246



Passenger Service Event Report/Complaint Form

Most of the information in this form is optional. It is optional so that you may remain anonymous if you so desire. We will process anonymous complaints just as we will any other complaint. However, you will not have the benefit of learning the results of our investigation. Additionally, you will not know if there was an error on your part (perhaps in reading a schedule, standing in the wrong spot, etc.). As such, the same problem may occur.

We do not provide the name of the person filing a complaint to the driver, nor do we alter our investigation in any manner on the basis of the person registering a complaint. So if you can give us at least one way to reach you. We may want to talk to you about the problem you experienced and give us a better chance to fix it for you.

Please provide us with the following information:

Today's Date: _____ Date of Incident: _____

_____ First Name: _____ MI. _____ Last Name: _____

Mailing Address: _____

Street

_____ City

_____ State

_____ Zip

Phone Number: (_____) _____ - _____
If we contact you, we will only call between the hours of 8:00 a.m. and 5:00 p.m.

Cell Number: (_____) _____ - _____

E-Mail Address: _____

Driver's name involved in the incident: _____

Van Number or License Plate Number: _____

Where did this incident occur? _____

Which bus route did this incident occur? _____

Please tell us what happened and exactly where it happened. _____

If your information exceeds this area, you may attach an additional page with this form.

**Mail Form to: Cabarrus County Transportation Service (CCTS)
Title VI Coordinator
Post Office Box 707
Concord, NC 28026-0707**