AVERY COUNTY TRANSPORTATION AUTHORITY
EXTERNAL DISCRIMINATION COMPLAINT PROCEDURES

These external discrimination complaint procedures apply to **Avery County Transportation Authority** (ACT), and cover complaints filed under Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities applicable to programs, services, or activities carried out by ACT or its agents.

AVERY COUNTY TRANSPORTATION AUTHORITY will make every effort to obtain early resolution of complaints at the lowest level possible. Complaints of alleged discrimination will be investigated by the appropriate authority. The option of informal mediation between the affected parties and ACT staff may be utilized for resolution. Upon completion of each investigation, ACT staff will inform every complainant of all avenues of appeal.

PURPOSE

The purpose of these discrimination complaint procedures is to describe the process used by AVERY COUNTY TRANSPORTATION AUTHORITY for processing and investigating alleged complaints of discrimination.

FILING OF COMPLAINTS

1. **Applicability** – The complaint procedures apply to the beneficiaries of the ACT programs, activities, and services, including the public and any consultants/contractors hired by ACT.
2. **Eligibility** – Any person or class of persons who believes that he/she has been subjected to discrimination or retaliation prohibited by any of the Civil Rights authorities, based upon race, color, sex, age, national origin, or disability may file a written complaint with AVERY COUNTY TRANSPORTATION AUTHORITY. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative and must be in writing.
3. **Time Limits and Filing Options** – A complaint must be filed no later than 180 calendar days after the following:
   - The date of the alleged act of discrimination; or
   - The date when the person(s) became aware of the alleged discrimination; or
   - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Complaints may be submitted to the following entities:

- **Avery County Transportation Authority,** Director, PO Box 443 Newland, NC 28657 828-733-0005
- **County of Avery**, Clerk to the Board, PO Box 640 Newland, NC 28657 828-733-8112
- **North Carolina Department of Transportation**, Office of Equal Opportunity and Workforce Services, External Civil Rights Section, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1830 or toll free 800-522-0453
- **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070

  Federal Highway Administration, Office of Civil Rights, 1200 New Jersey Avenue, SE, 8th Floor, E81-314, Washington, DC 20590, 202-366-0693 / 366-0752

  Federal Highway Administration, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010

  Federal Transit Administration, Office of Civil Rights, ATTN: Title VI Program Coordinator, East Bldg. 5th Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590

  Federal Aviation Administration, Office of Civil Rights, 800 Independence Avenue, SW, Washington, DC 20591, 202-267-3258
- **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228

4. **Format for Complaints –** Complaints shall be in **writing** and **signed** by the complainant(s) or a representative and include the complainant's name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone or in person will be reduced to writing, may be recorded and will be provided to the complainant for confirmation or revision before processing. Complaints will be accepted in other languages including Braille.

5. **Complaint Basis –** Allegations must be based on issues involving race, color, national origin, sex, age, or disability. The term "basis" refers to the complainant's membership in a protected group category.

Protected Categories	Definition	Examples	Applicable Statutes and Regulations	
			FHWA	FTA
Race	An individual belonging to one of the accepted racial groups; or the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; 23 CFR 200	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; Circular 4702.1B
Color	Color of skin, including shade of skin within a racial group	Black, White, brown, yellow, etc.		
National Origin	Place of birth. Citizenship is not a factor. Discrimination based on language or a person's accent is also covered.	Mexican, Cuban, Japanese, Vietnamese, Chinese		
Sex	Gender	Women and Men	1973 Federal-Aid Highway Act	Title IX of the Education Amendments of 1972
Age	Persons of any age	21 year old person	Age Discrimination Act of 1975	
Disability	Physical or mental impairment, permanent or temporary, or perceived.	Blind, alcoholic, para-amputee, epileptic, diabetic, arthritic	Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990	

Complaint Processing

1. When a complaint is received by ACT, a written acknowledgment and a Consent Release form will be mailed to the complainant within ten (10) business days by registered mail.
2. ACT will consult with the NCDOT External Civil Rights Section to determine the acceptability and jurisdiction of the complaint. *Note: If NCDOT has jurisdiction, the External Civil Rights Section will be responsible for the remainder of this process. ACT will record the transfer of responsibility in its complaints log.*
3. Additional information will be requested if the complaint is incomplete. The complainant will be provided 15 business days to submit any requested information and the signed Consent Release form. Failure to do so may be considered good cause for a determination of no investigative merit.
4. Upon receipt of the requested information and determination of jurisdiction, ACT will notify the complainant and respondent of whether the complaint has sufficient merit to warrant investigation.
5. If the complaint is investigated, the notification shall state the grounds of the ACT's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
6. If the complaint does not warrant investigation, the notification to the complainant shall specifically state the reason for the decision.

Complaint Log

1. When a complaint is received by ACT, the complaint will be entered into the Discrimination Complaints Log with other pertinent information, and assigned a **Case Number.** *Note: All complaints must be logged.*
2. The complaints log will be submitted to the NCDOT's Civil Rights office during Title VI compliance reviews. *Note: NCDOT may also be request the complaints log during pre-grant approval processes.*
3. The **Log Year(s)** since the last submittal will be entered (e.g., 2012-2015, 2014-2015, FFY 2015, or 2015) and the complaints log will be signed before submitting the log to NCDOT.
4. When reporting **no complaints**, check the **No Complaints or Lawsuits** box and sign the log.

AVERY COUNTY TRANSPORTATION AUTHORITY

DISCRIMINATION COMPLAINT FORM

Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, or disability may file a written complaint with Avery County Transportation Authority, within 180 days after the discrimination occurred.

Last Name:	First Name:	☐ Male ☐ Female

Mailing Address:	City	State	Zip

Home Telephone:	Work Telephone:	E-mail Address

Identify the Category of Discrimination:

☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN ☐ AGE

☐ RELIGION ☐ DISABILITY ☐ SEX/GENDER

Identify the Race of the Complainant

☐ Black ☐ White ☐ Hispanic ☐ Asian American

☐ American Indian ☐ Alaskan Native ☐ Pacific Islander ☐ Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals responsible for the discriminatory action(s):

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. **(Attach additional page(s), if necessary).**

The law prohibits intimidation or **retaliation** against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

Name	Address	Telephone
1.		
2.		
3.		
4.		

DISCRIMINATION COMPLAINT FORM

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- ☐ NC Department of Transportation _____
- ☐ Federal Transit Administration _____
- ☐ Federal Highway Administration _____
- ☐ US Department of Transportation _____
- ☐ Federal or State Court _____
- ☐ Other _____

Have you discussed the complaint with any **Avery County Transportation Authority** representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

_____	_____
COMPLAINANT'S SIGNATURE	**DATE**

MAIL COMPLAINT FORM TO:

AVERY COUNTY TRANSPORTATION AUTHORITY
Attention: Transportation Director
Po Box 443
Newland, North Carolina 28657
Telephone: 828-733-0005

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: ☐NCDOT ☐FTA Date Referred: _____