

5. COMPLAINT PROCEDURE

MARC's Complaint Procedure is made available in the following locations: *(check all that apply)*

- Agency website, either as a reference in the Notice to Public or in its entirety
- Public areas of the agency office (Reception areas, bulletin boards, etc.)
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Complaint Procedure Language:

Any person who believes they've been discriminated against on the basis of race, color, or national origin, religion, gender, disability or age by **MARC** may file a complaint by completing and submitting the agency's Complaint Form.

The Complaint Form may also be used to submit general complaints to **MARC**.

MARC investigates complaints received no more than 180 business days after the alleged incident. **MARC** will process complaints that are complete.

Once the complaint is received, **MARC** will review it to determine if it has jurisdiction. The complainant will receive an acknowledgement letter stating whether the complaint will be investigated by **MARC**.

MARC has 30 business days to investigate the complaint. If more information is needed to resolve the case, **MARC** may contact the complainant.

The complainant has 30 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 30 business days, **MARC** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- A **closure letter** summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- A **letter of finding (LOF)** summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has 30 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 608-223-9100, ext. 12.

Si se necesita informacion en otro idioma de contacto 608-223-9100, ext. 12.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 608-223-9100, ext. 12.

6. COMPLAINT FORM

MARC - Complaint/Comment Form

MARC is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at sgulvik@marc-inc.org or in person at the address below.

MARC Inc. _____
Street Address: 901 Post Road
City, State, Zip: Madison, WI 53713
Email: sgulvik@marc-inc.org

You may also call us at 608-223-9100, ext. 12. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below

Compliment Suggestion Complaint Other: _____

Title VI:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
ADA/(Disability):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Age <input type="checkbox"/> Limited English Proficient

SECTION II: CONTACT INFORMATION

Name: _____
Rider ID (if applicable): _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Accessible Format Requirements: (choose preferred format(s))

Large Print TDD/Relay Audio Recording Other _____

Are you filing this complaint on your own behalf? Yes No

If you answered “yes” to this question, go to Section IV.

If not, please provide 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: COMMENT DETAILS

Transit Service:
(Choose one, as applicable)

Bus

Paratransit

Shared-Ride Taxi

Date of Occurrence:

Time of Occurrence:

Name/ID of Employee(s) or
Others Involved:

Vehicle ID/Route Name or
Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is
unknown, please provide
other descriptive
information to help identify
the employee:

Description of Incident:

As applicable, explain as clearly as
possible what happened and why
you believe you were
discriminated against. If more
space is needed, please add
additional pages.

SECTION IV: FOLLOW-UP

May we contact you if we need more details or information?

Yes

No

What is the best way to reach you? *(choose one)*

Phone

Email

Mail

If a **phone call** is preferred, what is the best day and time to reach you? _____

SECTION V: DESIRED OUTCOME

What steps have you taken to address the conflict or problem? _____

What type of corrective actions took place? _____

What remedy are you seeking? _____

SECTION VI: ADDITIONAL INFORMATION

Have you previously filed a complaint with this agency?

Yes

No

Have you filed this complaint with any other Federal, State or Local agency,
or with any Federal or State Court?

Yes

No

If yes, to the question above, list all agencies contacted: _____

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

Name: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

Please attach any documents you have which support the allegation. Then date and sign this form and send it to
the **MARC**:

Complainant Signature

Date

Print Your Name