METROPOLITAN TRANSIT AUTHORITY OF BLACK HAWK COUNTY
1515 BLACK HAWK ST., WATERLOO, IOWA 50702
PHONE (319) 234-5714
FAX (319) 234-6809

Title VI Complaint Process

In compliance with U.S. Department of Transportation Title VI regulations (49 CFR Part 21), MET Transit operates without regard to race, color, or national origin. Any person who believes he or she has bee discriminated against by MET Transit 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.mettransit.org or by calling 319-234-5714. (TTY/TDD 800-735-2942). If the complainant is unable to write a complaint, a representative may file on his or her behalf, or MET Transit staff will provide assistance. Complaints must be filed within 180 calendar days of the alleged incident.

1. MET will contact the complainant within 10 business days of receipt of complaint. Any requested information must be received by MET within 5 days of request*.
2. MET will begin the investigation within 15 business days of receipt of complaint if the alleged discrimination is found to be a violation of Title VI regulations.
3. MET will complete the investigation within 60 calendar days of receipt of complaint. If additional time is needed for the investigation, the complainant will be notified. A written investigation report will be prepared, including a summary description of the incident, investigative findings, and recommend corrective action.
4. A closing letter will be provided to the complainant. The complainant will have 5 business days from receipt of the closing letter to file an appeal. If no appeal is filed, the complaint will be closed.
5. MET will forward a copy of the investigative report to the appropriate federal agency, if required.

*MET will process and investigate all complaints that meet the requirements of Title VI discrimination. If the complainant fails to provide required information within the required time frame, the complaint may be closed.

All information involved with this process will be kept confidential.

Title VI Complaint Form

Metropolitan Transit Authority of Black Hawk County (MET)

MET is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the MET by calling (319) 234-5714-8131. The completed form must be returned to MET, 1515 Black Hawk St., Waterloo, IA 50702.

NAME: _____
DAYTIME PHONE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____

PERSON DISCRIMINATED AGAINST (IF SOMEONE OTHER THAT COMPLAINANT):
NAME:_____
DAYTIME PHONE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____

WHICH OF THE FOLLOWING BEST DESCRIBES THE REASON FOR THE ALLEGED DISCRIMINATION?
(CHECK WHICH APPLY)
RACE COLOR NATIONAL ORIGIN: _____
LIMITED ENGLISH PROFICIENCY OTHER: _____
DATE OF INCIDENT: _____
TIME OF INCIDENT: _____

DESCRIBE THE ALLEGED DISCRIMINATION INCIDENT. PROVIDE THE NAMES AND TITLES OF ALL MET EMPLOYEES RESPONSIBLE. EXPLAIN WHAT HAPPENED, WHOM YOU BELIEVE WAS RESPONSIBLE AND OTHER SPECIFIC RELEVANT INFORMATION. PLEASE USE AN ADDITIONAL SHEET OF PAPER IF MORE SPACE
IS REQUIRED.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR LOCAL AGENCIES? (CHECK ONE)

YES _____ NO _____

IF SO, LIST AGENCY/AGENCIES AND CONTACT INFO:

AGENCY: _____
CONTACT NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
AGENCY: _____
CONTACT NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND IT IS TRUE TO MY BEST KNOWLEDGE.

_____ _____

COMPLAINANT'S SIGNATURE **DATE**

_____

PRINT OR TYPED NAME OF COMPLAINANT

DATE RECEIVED: _____

RECEIVED BY: _____