

**Lorain County Transit (LCT)**  
**Equal Opportunity Discrimination Customer Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of race, color or national origin by Lorain County Transit (hereinafter referred to as "LCT") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. LCT investigates complaints received no more than 90 days after the alleged incident. LCT will process complaints that are complete.

Once the complaint is received, LCT will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

LCT has 15 working days to investigate the complaint. If more information is needed to resolve the case, LCT may contact the complainant. The complainant has 60 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 60 business days, LCT 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, she/he will issue one of two letters 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. An 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, she/he has 30 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, DC 20590.

**Lorain County Transit (LCT)  
Equal Opportunity Discrimination Customer Complaint Form**

LCT 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 90 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you required assistance in completing this form please contact the Office of Equal Opportunity by calling (440) 329-5525. The completed form must be returned to Lorain County Transit Office of Equal Opportunity, EEO Manager, 226 Middle Avenue, Elyria, OH 44035.

<b>Section I:</b>				
Name:				
Address:				
Phone (Home):			Phone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
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	

<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
<p>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name 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.</p>		
<b>Section IV:</b>		
Have you previously filed a Title VI complaint with this agency?	Yes	No
<b>Section V:</b>		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____		
<input type="checkbox"/> State Court: _____ <input type="checkbox"/> Local Agency: _____		
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name and Title:		
Agency:		
Address:		
Telephone Number:		

Section VI:
Name of agency complaint is against:
Contact person and Title:
Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:  
 Lorain County Transit  
 EEO Manager  
 226 Middle Avenue  
 Elyria, OH 44035