

ATTACHMENT B

TITLE VI COMPLAINT PROCEDURES For Academy

Academy has developed procedures for investigating and tracking Title VI complaints filed against us and makes their procedures for filing a complaint available to members of the public upon request.

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Academy may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form, which can be found on our company website, within 180 days from the date of the alleged discrimination.

Who takes discrimination complaints?

Danielle Drouet, Title VI Program Manager

If information is needed in another language, please call (201) 420-7000 x2210

How are discrimination complaints processed?

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

Academy has 90 calendar days to investigate the complaint. If more information is needed to resolve the case, the Program Manager may contact the complainant. The complainant has 15 business days from the date of the letter to send Academy the requested information. If the Program Manager is not contacted by the complainant or does not receive the additional information within 15 business days, Academy 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, he/she 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, he/she 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 SE, Washington, DC 20590

ATTACHMENT C

Title VI Complaint Form
(See following 6 pages)



Title VI Complaint Form

Note: The following information is needed to assist in processing your complaint.

A. Complainant's information:

Name: _____

Address: _____ City/State/Zip Code: _____

Telephone Number (Home): _____ (Work): _____

Email Address: _____

Accessible Format Requirements? (Select One or More)

- Large Print
- TDD
- Audio Tape
- Other

B. Person discriminated against (if someone other than complainant):

Name: _____

Address: _____ City/State/Zip Code: _____

Telephone Number (Home): _____ (Work): _____

Email Address: _____

Relationship to 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



C. Which of the following best describes the reason you believe the discrimination took place?

____ Race

____ Color

____ National Origin

Other:

D. On what date(s) did the alleged discrimination take place?

Date(s): _____

Other:

E. Please describe the alleged discrimination. Explain what happened and whom you believe was responsible. 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 additional space is needed, add a sheet of paper.

F. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? List all that apply.

Federal Agency _____

Federal Court _____

State Agency _____

State Court _____

Local Agency _____



If you have checked above, please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Address: _____ City/State/Zip Code: _____

Telephone Number (Home): _____ (Work): _____

Email Address: _____

G. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature: _____ Date: _____

Attachments: Yes _____ No _____

H. Submit this form and any additional information to:

ACADEMY BUS
Danielle Drouet, Title VI Program Manager 111
Paterson Avenue
Hoboken, NJ 07030

Nota: La siguiente información es necesaria para ayudar en la tramitación de su queja.

Información del demandante:

Nombre:

Dirección:

Número de teléfono (Casa): _____ Número de teléfono (Trabajo): _____

Dirección de correo electrónico:

Formato Requisitos Accesible (Seleccionar uno o más)

- Impresiones de gran tamaño
- Dispositivo de telecomunicaciones para sordos
- Cinta de audio
- Otro

Persona discriminado (si es alguien que no sea denunciante)

Nombre:

Dirección:

Número de teléfono (Casa): _____ Número de teléfono (Trabajo): _____

Dirección de correo electrónico: _____

Relación con la persona a la que se quejan:

Por favor, explique por qué usted ha presentado para un tercero: _____

Favor de confirmar que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.

- Sí
- No

¿Cuál de las siguientes opciones describe mejor la razón por la que cree que la discriminación se llevó a cabo?

_____ Raza _____ Color _____ Origen Nacional

¿En qué fecha(s) ocurrió la supuesta discriminación ocurrió?

Fecha(s):

Por favor, describa la supuesta discriminación. Explique lo que pasó y quien usted cree fue responsable. Describir todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona(s) que lo discriminó (si se conoce), así como los nombres y la información de los testigos en contacto. Si necesita espacio adicional, agregue una hoja de papel.

¿Ha presentado esta queja con cualquier otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Listar todos los que apliquen.

Agencia Federal _____

Corte Federal _____

Agencia Estatal _____

Corte Estatal _____

Agencia Local _____

Corte Local _____

Si ha comprobado anteriormente, por favor proporcionar información acerca de una persona de contacto en la agencia/tribunal donde se presentó la denuncia.

Nombre: _____

Título: _____

Dirección: _____

Número de teléfono (Casa): _____ Número de teléfono (Trabajo): _____

Dirección de correo electrónico:

Por favor firme abajo. Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja.

Firma: _____ Fecha: _____

Archivos adjuntos: Sí _____ No _____

Envíe este formulario y cualquier información adicional a:

ACADEMY BUS
Danielle Drouet, Title VI Program Manager
111 Paterson Avenue
Hoboken, NJ 07030