

APPENDIX D



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Civil Rights and Accessibility

Title VI of the Civil Rights Act of 1964

MTC is committed to ensuring that no person is excluded from participation in, denied the benefits of, or discriminated against under its projects, programs or activities on the basis of race, color, creed, national origin, sex or age, as provided in Title VI of the Civil Rights Act and 49 United States Code Section 5332.

For more information on MTC's civil rights program, and the procedures to file a complaint, contact: Denise Rodrigues, Contract Compliance Officer, at (510) 817-5897; email drodri@mtc.ca.gov; or visit our administrative office at 101 Eighth Street, Oakland, CA 94607.

If information is needed in another language, contact (510) 817.5757 or (510) 817.5769 for TDD/TTY.

Si necesita información en otro idioma, llame al (510) 817.5757 o al (510) 817.5769 para servicio de TDD/TTY.

如需要透過其他語言查詢資訊，請致電(510)817.5757或TDD/TTY電話(510)817.5769。

A copy of MTC's most recent Title VI Report is available for review in the MTC-ABAG Library, or by contacting the MTC Title VI Coordinator, Denise Rodrigues, by email at drodri@mtc.ca.gov to receive a PDF copy.

MTC's Executive Director and staff are responsible for carrying out MTC's commitment to Title VI. MTC's Deputy Executive Director, Policy, is responsible for overseeing MTC's Title VI-related activities, including the receipt and investigation of any Title VI complaints.

TITLE VI COMPLAINT PROCEDURE

As a recipient of federal dollars, MTC is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. MTC has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012. The complaint procedure has five steps, outlined below:

1. **Submission of Complaint:** Any person who feels that he or she, individually, or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance through MTC may file a written complaint with the Deputy Executive Director, Policy. Such complaint must be filed within 180 calendar days after the date the person believes the discrimination occurred.
 - [MTC's Title VI Complaint Form](#) (PDF)
 - [Formulario de Queja del Título VI de la Comisión Metropolitana del Transporte](#) (PDF)
 - [都市交通委員會 \(MTC\) Title VI 申訴表](#)
2. **Referral to Review Officer:** Upon receipt of the Complaint, the Deputy Executive Director, Policy, shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the Complaint, in consultation with the Office of General Counsel. The staff review officer(s) shall complete their review no later than 60 calendar days after the date MTC received the Complaint. If more time is required, the Deputy Executive Director, Policy shall notify the Complainant of the estimated time-frame for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the Complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to MTC's processes relative to Title VI and environmental justice, as appropriate. The staff review officer(s) shall forward their recommendations to the Deputy Executive Director, Policy, for concurrence. If s/he concurs, s/he shall issue MTC's written response to the Complainant.
3. **Request for Reconsideration:** If the Complainant disagrees with the response, he or she may request reconsideration by submitting the request, in writing, to the Executive Director within 10 calendar days after its receipt. The request for reconsideration shall be sufficiently detailed to contain any items the Complainant feels were not fully understood by the Deputy Executive Director, Policy. The Executive Director will notify the Complainant of his decision either to accept or reject the request for reconsideration within 10 calendar days. In cases where the Executive Director agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2, above.
4. **Appeal:** If the request for reconsideration is denied, the Complainant may appeal the Executive Director's response to the Complaint by submitting a written appeal to an MTC Committee no later than 10 calendar days after receipt of the Executive Director's written decision rejecting reconsideration.
5. **Submission of Complaint to the Federal Transit Administration:** You may also file a complaint directly with the Federal Transit Administration at FTA Office of Civil Rights, 1200 New Jersey Ave. SE, Washington, DC 20590.

[Información en Español](#)

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Metropolitan Transportation Commission • 101 Eighth Street, Oakland, California 94607

Phone: (510) 817-5700, Fax: (510) 817-5848

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**METROPOLITAN
TRANSPORTATION
COMMISSION**

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FAX 510.817.5848
E-MAIL info@mtc.ca.gov
WEB www.mtc.ca.gov

Metropolitan Transportation Commission (MTC) Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

Section I:					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Electronic Mail Address:					
Accessible Format Requirements? Check all that apply.		Large Print		Audio Tape	
		TDD		Other	
Section II:					
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 filing this complaint:					
Please explain why you are filing for this person:					
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.				Yes	No
Section III					
I believe the discrimination I experienced was based on (check all that apply):		Race	Color	National Origin	
Date of Alleged Discrimination (Month, Day, Year):					

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 the names and contact information of any witnesses.

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes		No	
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Section V

Have you filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?	Yes		No	
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If yes, check all that apply?		Federal Agency		State Agency
		Federal Court		Local Agency
		State Court		

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

Please sign here: _____

Date: _____

Note - MTC cannot accept your complaint without a signature.

Please mail your completed form to:
 Metropolitan Transportation Commission
 Deputy Executive Director, Policy
 101 8th Street
 Oakland, CA 94607
 Fax (510) 817-5848
 Email abockelman@mtc.ca.gov

If information is needed in another language, contact (510) 817.5757 or (510) 817.5769 for TDD/TTY.

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Si necesita información en otro idioma, llame al (510) 817.5757 o al (510) 817.5769 para servicio de TDD/TTY.

إذا كانت هناك حاجة المعلومات في لغة أخرى، اتصل على (510) 817.5757 او (510) 817.5769 TDD/TTY.

Եթե տեղեկություններ են պետք ուրիշ լեզվով, ապա զանգահարեք (510) 817.5757 կամ (510) 817.5769՝ TDD/TTY-ի համար:

Si ou besoin moun pou aidé ou lan langue pa ou, maké (510) 817.5757 ou bien (510) 817.5769 pou TDD/TTY.

Si les informations sont nécessaires dans une autre langue, veuillez appeler le (510) 817.5757 ou le (510) 817.5769 pour ATME/ATS.

Sollten Sie eine Auskunft in anderer Sprache benötigen, so bitte (510) 817.5757 oder (510) 817.5769 für TDD/TTY anrufen.

TDD/TTY માટે તમને જો માહિતી બીજી કોઈ અન્ય ભાષામાં જોઈતી હોય તો, (510) 817.5757 અથવા (510) 817.5769 પર સંપર્ક કરો.

למידע נוסף בשפה אחרת, נא לפנות למספר 510-817-5757 או למספר 510-817-5769 לטלפרינטר TDD/TTY.

यदि किसी अन्य भाषा में जानकारी की आवश्यकता है, तो (510) 817.5757 अथवा (510) 817.5769 पर TDD/TTY हेतु सम्पर्क करें।

Yog xav tau ntaub ntauv hauv lwm hom lus, hu (510) 817.5757 lossis (510) 817.5769 rau TDD/TTY.

Ha más nyelven van szüksége felvilágosításra, hívja fel a (510) 817.5757 számot, vagy a TDD/TTY nagyothallók esetében a (510) 817.5769 számot.

Se sono necessarie informazioni in un'altra lingua, digitare il (510) 817.5757 oppure il (510) 817.5769 per TDD/TTY.

ប្រសិនបើត្រូវការព័ត៌មានជាភាសាផ្សេង សូមទាក់ទងទៅលេខ (510) 817.5757 ឬលេខ (510) 817.5769 សម្រាប់ TDD/TTY ។

다른 언어로 정보가 필요한 경우, (510) 817.5757 또는 (510) 817.5769 (TDD/TTY) 로 연락하십시오.

ຖ້າຕ້ອງການຂໍ້ມູນໃນພາສາອື່ນ, ໃຫ້ຕິດຕໍ່ເບີ (510) 817.5757 ຫຼື (510) 817.5769 ສໍາລັບTDD/TTY.

تماس بگیرید و یا برای (510) 817.5757 در صورت نیاز به اطلاعات به یک زبان دیگر، با این شماره تماس بگیرید. (510) 817.5769 با این شماره TDD/TTY

W celu uzyskania informacji w innym języku, proszę dzwonić na numer (510) 817.5757 lub (510) 817.5769, by połączyć się z telefonem tekstowym (TDD/TTY).

Se houver necessidade de alguma informação em outra língua ligue para (510) 817.5757 ou (510) 817.5769 para TDD/TTY.

Если вам нужна информация на других языках, позвоните по телефону (510) 817.5757 или по номеру (510) 817.5769 (для людей с плохим слухом).

Ako su vam informacije potrebne na drugom jeziku, kontaktirajte (510) 817.5757 ili (510) 817.5769 za TDD/TTY.

Kung kailangan ng impormasyon sa ibang lengguwahe, tumawag sa (510) 817.5757 o sa (510) 817.5769 para sa TDD/TTY.

หากคุณต้องการข้อมูลในภาษาอื่น โปรดติดต่อ (510) 817.5757 หรือ (510) 817.5769 สำหรับ TDD/TTY

پر (510) 817.5769 یا (510) 817.5757 کے لیے دوسری زبان میں معلومات کی ضرورت ہو، تو TDD/TTY اگر رابطہ کریں۔

Nếu cần thông tin bằng một ngôn ngữ khác thì xin gọi về số (510) 817.5757 hoặc (510) 817.5769 đối với điện thoại TDD/TTY.

εαν χρειάζεστε άλλες πληροφορίες σε άλλες γλωσσες, παρτε τηλεφωνο στο (510) 817.5757 η (510) - 817.5769 για το ΤΔΔ/ΤΤΥ.

他言語での情報をご希望の場合は、TDD/TTY の (510) 817.5757 または (510) 817.5769 へお電話ください。

Nááná ła' saadjí nínízingo koji' hólné' (510) 817.5757 éi doodaii' (510) 817.5769 TDD/TTY bá.

אויב מען דארף אינפארמאציע אויף אן אנדערע שפראך, קאנטאקטירט

(510) 817.5757 אדער (510) 817.5769 פאר TDD/TTY.



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都市交通委員會 (MTC) Title VI 申訴表

必須在指稱的歧視行為發生後的 180 天內提出申訴。

第 I 節：				
姓名：				
地址：				
電話（家庭）：		電話（工作）：		
電子郵件地址：				
要求便利格式？		大印刷字體		錄音磁帶
勾選所有適用的項目。		TDD		其他
第 II 節：				
您是代表自己提出本申訴嗎？		是*		否
*如果回答「是」，請填寫第 III 節。				
如果回答「否」，請填寫您代表其提出本申訴人士的姓名以及與該人士的關係：				
請解釋您為什麼代表該人士提出申訴：				

如果您是代表申訴方提出申訴，請確認已經獲得了申訴方的許可。			是	否
第 III 節：				
我相信我受到的歧視是基於（勾選所有適用的項目）：		種族	膚色	原國籍
指稱的歧視發生日期（月、日、年）：				

請儘量清楚地解釋發生的情況以及您爲什麼認爲自己受到歧視。請描述涉及的所有人。請包括對您進行歧視的人的姓名和聯絡資訊（如知道）以及任何證人的姓名和聯絡資訊。				
第 IV 節：				
您以前是否曾經在本機構提交過 Title VI 申訴？		是		否
第 V 節：				
您是否在任何其他聯邦、州或地方機構或任何聯邦或州法院提交過申訴？		是		否
如果回答「是」，請勾選所有適用的項目。		聯邦機構		州機構
		聯邦法院		地方機構
		州法院		

您可以隨附任何您認爲與申訴相關的書面資料或其他資訊。

請在此處簽名：

日期：

註釋 — 如果您沒有簽名，都市交通委員會（MTC）不能接受您的申訴。

請將本申訴表寄至：
 Metropolitan Transportation Commission
 Deputy Executive Director, Policy
 101 8th Street
 Oakland, CA 94607
 傳真：(510) 817-5848
 電子郵件：abockelman@mtc.ca.gov



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**Formulario de Queja del Título VI de la Comisión Metropolitana del Transporte
(MTC, por sus siglas en inglés)**

Las quejas deben presentarse en un plazo menor a 180 días desde la presunta acción de discriminación.

Sección I:				
Nombre:				
Dirección:				
Teléfono (Hogar):		Teléfono (Trabajo):		
Dirección de correo electrónico:				
¿Requiere de formato accesible?		Letra grande		Cinta de audio
Marque las que apliquen:		TDD		Otro
Sección II:				
¿Está presentando esta queja en su propio nombre?		Sí*		No
*Si respondió que Sí a esta pregunta, vaya a la Sección III.				
Si no, por favor proporcione el nombre y el parentesco de la persona por quien presenta esta queja:				
Por favor explique por qué está presentando la queja por esta persona:				
Por favor confirme que ha obtenido el permiso para quejarse por esta persona si está presentando la queja en nombre de ella.		Sí		No
Sección III				
Creo que la discriminación que sufrí se basa en (marque todas las que apliquen):		Raza		Color
				Origen nacional
Fecha de la presunta discriminación (mes/día/año):				

Explique tan claramente como sea posible lo que ocurrió y por qué cree que fue discriminado. Describa a todas las personas que estuvieron involucradas. Incluya el nombre y los datos de contacto de la(s) persona(s) que le discriminaron (si los conoce) así como los nombres y la información de contacto de cualquier testigo.				
Sección IV				
¿Ha presentado antes una queja por el Título VI en esta agencia?	Sí		No	
Sección V				
¿Ha presentado una queja con cualquier otra agencia local, estatal o federal, o ante cualquier corte estatal o federal?	Sí		No	
Si es así, marque las que apliquen.		Agencia federal		Agencia estatal
		Corte federal		Agencia local
		Corte estatal		

Puede incluir cualquier material por escrito u otra información que considere relevante para su queja.

Firma:

Fecha:

Nota – MTC no puede aceptar su queja sin una firma.

Por favor envíe por correo su formulario lleno a:
 Metropolitan Transportation Commission
 Deputy Executive Director, Policy
 101 8th Street
 Oakland, CA 94607
 Fax (510) 817-5848
 Correo electrónico abockelman@mtc.ca.gov