SECTION 2
TITLE VI COMPLAINT PROCEDURES AND FORM

City of Lompoc Title VI Policy Statement

The City of Lompoc is committed to a policy of non-discrimination in the conduct of its business, including its Title VI responsibilities, and to the delivery of equitable and accessible transportation services.

The City of Lompoc 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. The City’s objectives are to:

- Ensure the level and quality of transportation service is provided without regard to race, color or national origin.
- Identify and address, as appropriate, disproportionately high and adverse human health and environmental effects, including social and economic effects of programs and activities on minority populations and low-income populations.
- Promote the full and fair participation of all affected populations in transportation decision making.
- Prevent the denial, reduction or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
- Ensure meaningful access to programs and activities by persons with limited English proficiency (LEP).

Any person who believes that he or she has been subjected to discrimination under Title VI on the basis of race, color or national origin may file a Title VI complaint with the City within 60 days from the date of the alleged discrimination.

Complaints may be filed with the City in writing and may be addressed to:

Mr. Richard Fernbaugh
Title VI Compliance Coordinator
City of Lompoc
100 Civic Center Plaza
Lompoc, CA 93436

A copy of the Title VI Complaint Form may also be obtained by calling (805) 875-8268. The City will provide appropriate assistance to complainants who are limited in their ability to communicate in English.
Title VI Transit Complaint Process

Submission of Complaint
If a customer believes he/she has received discriminatory treatment by City of Lompoc Transit on the basis of race, color or national origin, the customer will have the right to file a complaint with the Transit Title VI Compliance Coordinator. The complaint must be filed no later than sixty (60) calendar days of the alleged discriminatory incident.

Investigation of Complaint
Upon receipt of the complaint, the Compliance Coordinator will begin an investigation. The investigation may include discussion(s) of the complaint with all affected parties to determine the problem. Based upon the information received, the Compliance Coordinator will prepare an investigation report for submittal to the Assistant Public Works Director. The complainant will receive a letter from the Compliance Coordinator stating the final decision within forty-five (45) calendar days of receipt of the complaint.

If more time is needed to review the complaint, the Compliance Coordinator will notify the complainant of the estimated time-frame for completing the review. Upon completion of the review, the Compliance Coordinator shall make a recommendation regarding the merit of the complaint, whether remedial actions are available to provide redress, and whether improvements to the City’s Title VI process are needed.

Request for Reconsideration
The complainant shall be notified of his/her right to appeal the decision. If the complainant disagrees with the Compliance Coordinator’s finding, the complainant may request reconsideration by submitting a written request to the Assistant Public Works Director within ten (10) calendar days after receipt of the Compliance Coordinator’s response. The complainant shall provide a detailed description of items not fully understood. The Assistant Public Works Director will notify the complainant of his/her decision either to accept or reject the request for reconsideration within ten (10) calendar days. When the Assistant Public Works Director agrees to reconsider the matter, the complaint shall be returned to the Compliance Coordinator for re-evaluation in accordance with the “Investigation of Complaint” procedures described above.

Appeal Process
If the request for reconsideration is denied, the complainant may appeal the Assistant Public Works Director’s response to the complaint by submitting a written request to the Compliance Coordinator. The appeal request will be forwarded to the City Manager and City Attorney for final determination.

Submission of Complaint to the Department of Transportation
If the complainant is dissatisfied with the City’s resolution of the complaint, he or she may submit a complaint to the Department of Transportation for investigation. The complaint may be submitted to the Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590. In accordance with Chapter 9, Complaints, of FTA Circular 4702.1B, such a complaint must be filed within 180 calendar days after the date of the alleged discrimination. Chapter 9 of FTA Circular 4702.1B, which outlines the complaint process to the Department of
Transportation, may be obtained by requesting a copy from the City's Compliance Coordinator at (805) 875-8268.

For additional information on the City's non-discrimination obligations, please contact:

Mr. Richard Fernbaugh  
Title VI Compliance Coordinator  
City of Lompoc  
100 Civic Center Plaza  
Lompoc, CA 93436  
Phone: (805) 875-8268
CITY OF LOMPOC
CITY OF LOMPOC TRANSIT (COLT)
Title VI Complaint Form

The City of Lompoc 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.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Compliance Coordinator at (805) 875-8268. The completed form must be returned to City of Lompoc, Title VI Compliance Coordinator, 100 Civic Center Plaza, Lompoc, CA 93436.

Name: ____________________________________________

Street Address: ___________________________________

Phone: _________________________________________ Alternative Phone: _______________________

Date of Incident: __________________________ Time of Incident: _______________________

Which of the following best describes the reason for the alleged discrimination? (Check one)

____ Race ______ Color ______ National Origin (Limited English Proficiency)

Please describe the alleged discrimination incident. Explain what happened, whom you believe was responsible, and other specific relevant information. Please use the next page of this form if additional space is required.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(Complete next page of form)
CITY OF LOMPOC
CITY OF LOMPOC TRANSIT (COLT)
Title VI Complaint Form

Have you filed a complaint with any other federal, state or local agencies? (Check one)
___ Yes  ___ No

If yes, list agency or agencies and contact information below:
Agency: __________________________________________
Street Address: __________________________________
Phone: __________________________________________
Contact Name: ____________________________________

Agency: __________________________________________
Street Address: __________________________________
Phone: __________________________________________
Contact Name: ____________________________________

I affirm that I have read the above charge, and it is true to the best of my knowledge.

__________________________________________________ Date
Complainant's Signature

__________________________________________________
Print or Type Name of Complainant

Date Received: ____________________________________
Received By: _____________________________________
CITY OF LOMPOC
CITY OF LOMPOC TRANSIT (COLT)
Formulario de Quejas Título VI

La Ciudad de Lompoc centra sus esfuerzos en garantizar que nadie sea excluido de la participación en sus servicios ni que nieguen los beneficios de estos, con base en raza, color u origen nacional, en conformidad con las disposiciones del Título VI de la Ley de Derechos Civiles de 1964 y enmiendas.

La información siguiente es necesaria para ayudarnos en el procesamiento de su queja. Si requiere ayuda para llenar este formulario, por favor de dirigirse al Título VI Coordinador de Cumplimiento, al teléfono (805) 875-8268. El formulario completo debe devolverse al Coordinador de Cumplimiento Título VI, Departamento de Becas, 100 Civic Center Plaza, Lompoc, CA 93436.

Nombre: __________________________________________

Dirección: _________________________________________

Teléfono: ____________________________ Segundo Teléfono: ____________
Fecha del incidente: ________________________ Hora del incidente: ______________

¿Cuál de los siguientes describe mejor la razón por la supuesta discriminación? (Marque Uno)

_____ Raza  _____ Color  _____ Origen nacional

Por favor, describa el supuesto incidente de discriminación. Explique lo sucedido; quien considera que fue responsable; y otra información específica pertinente. (Por favor, use el reverso de este formulario si requiere espacio adicional)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Complete la siguiente página del formulario)
CITY OF LOMPOC
CITY OF LOMPOC TRANSIT (COLT)
Formulario de Quejas Título VI

¿Ha presentado alguna queja ante otra agencia federal, estatal o local con respecto a este incidente? (Marque Uno)

____ Sí  ____ No

Si la respuesta es afirmativa, por favor, a continuación enumere la agencia o agencias y la información de contacto:

Agencia: ____________________________________________
Dirección: __________________________________________
Teléfono: ____________________________________________
Nombre de contacto: __________________________________

Agencia: ____________________________________________
Dirección: __________________________________________
Teléfono: ____________________________________________
Nombre de contacto: __________________________________

Confirme que he leído el cargo que se indica arriba y que es verdadero hasta donde tengo conocimiento.

____________________________________________________
Firma del declarante

____________________________________________________
Fecha

Imprima o escriba el nombre del declarante

Fecha de recepción: _________________________________
Recibido por: _____________________________________

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