

Policies and Procedures No. 48

Board Approval: 4/14/22

SUBJECT:

TRANSIT SERVICE DISCRIMINATION COMPLAINTS PROCEDURES

PURPOSE:

To carry out Title II of the Americans with Disabilities Act of 1990 (ADA) and Title VI of the Civil Rights Act of 1964 (Title VI), the Federal Transit Administration (FTA) recommends that transit agencies adopt a procedure in which complaints alleging discrimination in provision of transit service are filed, investigated, and a determination made. This policy sets forth such procedures.

BACKGROUND:

It is the policy of the San Diego Metropolitan Transit System, hereinafter "MTS"; its subsidiaries, San Diego Transit Corporation (SDTC), San Diego Trolley, Inc. (SDTI); and its contractors to follow the established procedure for handling all alleged transit service ADA discrimination complaints on the basis of disability and all alleged transit service Title VI discrimination complaints on the basis of race, color, or national origin, hereinafter "complaints".

The responsibility for the implementation of the discrimination complaint procedures is assigned to the Deputy General Counsel. Contact information for the Deputy General Counsel is as follows:

San Diego Metropolitan Transit System
Attn: Deputy General Counsel
1255 Imperial Avenue, Suite 1000
San Diego, CA 92101
Tel.: 619-557-4539
Email: Samantha.Leslie@sdmts.com

All management personnel within MTS, SDTC, and SDTI, and MTS's Contractors, are expected to support and implement the following procedures.

PROCEDURES:

- 48.1 All complaints must be submitted in writing (paper or electronic) by the complainant or their representative, hereinafter "complainant", before any action will be taken. A written complaint is necessary to provide a clear record of the issue to be investigated and to help define the scope of the investigation. If complainant is unable to submit their complaint in writing due to a disability or limited-English proficiency, upon request, reasonable accommodations will be made.



The complaints shall provide all pertinent facts and circumstances surrounding the alleged discrimination that will allow a thorough review and/or investigation. The complainant may use MTS's ADA or Title VI Complaint Form to submit their complaint, as seen in Exhibit A and B of this Policy.

The complaint should be filed within 180 calendar days from the time of the alleged discrimination. A complaint may be administratively closed when received later than this deadline if evidence of the alleged discrimination no longer exists to properly investigate the complaint.

- 48.2 Upon receipt of a complaint, the Deputy of General Counsel will document and assign the complaint to investigating staff for further investigation. Within 10 working days after receipt, the investigating staff will begin investigating the complaint. The investigating staff may use the following resources when available to complete its investigation of the complaint: reviewing video footage, incident reports and employee reports and interviewing applicable personnel.

In instances where additional information is needed, the investigating staff will contact the complainant in writing or where appropriate, in a format accessible to the complainant. Failure of the complainant to provide the requested information by a certain date may result in the administrative closure of the complaint or a delay in complaint resolution.

Based upon all the information available from both parties (i.e., the complainant and the identified agency or department) the investigating staff will prepare a response subject to review and approval by the Deputy General Counsel. The investigating staff will use its best efforts to communicate its determination on the matter to the complainant within 90 working days after receipt of complaint. If noncompliance with ADA or Title VI is determined, a recommendation on remedial action will be made...

In accordance with Department of Transportation (DOT) Regulations, a copy of the complaint will be maintained for at least one (1) year from the date the complaint was submitted. Documentation summarizing the complaint and MTS's findings will be maintained for at least (5) years from the date the complaint was submitted.

- 48.3 The complainant may appeal the determination from investigating staff to the Chief Executive Officer within 10 working days after receipt.

Within 15 working days after receipt of an appeal, the Chief Executive Officer will evaluate all information received and respond in writing, and, where appropriate, in a format accessible to the complainant, with a final determination of the complaint.

- 48.4 The complainant who is dissatisfied with the final determination of the Chief Executive Officer may submit their complaint to the FTA at FTACivilRightsCommunications@dot.gov, or to the address below, within 180 days after the date of the alleged discrimination, unless the time for filing is extended by the FTA.

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

This policy was adopted 3/12/98.

Policy revised on 5/13/04.

Policy revised on 1/28/15.

Policy revised on 9/17/15.

Policy revised on 4/14/22

Attachments: Exhibit A – Title VI Complaint Form – English (Available in other languages on the MTS website and upon request)

Exhibit B – ADA Complaint Form – English (Available in other languages on the MTS website and upon request)

Exhibit A



Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

If you believe you have been discriminated against by MTS, you may file a signed, written complaint within 180 days of the date of alleged discrimination. You may use the form below, which includes the necessary information to process your claim. When completed, please return this form to the Metropolitan Transit System, Title VI Officer, 1255 Imperial Avenue #1000, San Diego, CA 92101.

SECTION 1: BASIC INFORMATION

COMPLAINANT'S INFORMATION

A

Name:	
Address:	
City/State/Zip:	
Telephone Number:	

VICTIM'S INFORMATION (if other than above)

B

Name:	
Address:	
City/State/Zip:	
Telephone Number:	

C

Date of alleged discrimination:


D

Do you believe that the reason for the alleged discrimination is:

- Race
- Color
- National Origin

E

Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

- No
- Yes  If yes, mark all appropriate boxes:

- Local agency
- State agency
- Federal agency
- Federal court
- State court

Contact information for the agency/court where the complaint was filed:

Name:	
Address:	
City/State/Zip:	
Telephone Number:	

Exhibit B



ADA Complaint Form

MTS is committed to ensuring that our implementation of public transportation services is fully compliant with Title II of the American Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any person who believes there may be either a(n): 1) **ACCESSIBILITY ISSUE** (e.g., physical barriers) or 2) **DISCRIMINATION BASED ON DISABILITY** may file a signed, written ADA complaint with MTS.

Please mail or deliver this form to: San Diego Metropolitan Transit System, Deputy General Counsel, 1255 Imperial Avenue #1000, San Diego, CA 92101.

SECTION 1: BASIC INFORMATION OF COMPLAINANT

<u>PERSON SUBMITTING COMPLAINANT INFORMATION</u>	<u>COMPLAINANT'S INFORMATION (only if different than the person submitting the complaint)</u>
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Telephone Number: _____	Telephone Number: _____
Email Address: _____	Email Address: _____

SECTION 2: INCIDENT DETAILS

<u>ACCESSIBILITY COMPLAINT</u>	<u>DISCRIMINATION BASED ON DISABILITY COMPLAINT</u>
1) Date, if any, when accessibility issue occurred? _____	1) Date of alleged discrimination based on disability? _____
2) Location of Accessibility Issue: Bus/Trolley Station? _____ Bus/Trolley Stop? _____ Bus/Trolley Route or Number? _____ Other? _____	2) Have you filed this complaint with any other federal, state or local agency; or with any federal or state court? NO? _____ YES? _____
3) Describe in detail the incident below in SECTION 3.	3) If yes, please provide the contact information for the agency/court where the complaint was filed? Agency/Court Name? _____ Address? _____ _____ Telephone Number? _____
	4) If yes, please provide the applicable complaint number, if known. _____
	5) Describe in detail the incident below in SECTION 3.

