Cedar Rapids Transit
Discrimination Complaint Procedure

In compliance with Title VI of the Civil Rights Act of 1964, Cedar Rapids Transit operates all of its programs and provides public transportation services without regard to race, color or national origin. Cedar Rapids Transit is committed to providing non-discriminatory service that is open to the general public. Cedar Rapids Transit is committed to ensuring that no person is excluded from access to its transit services on the basis of race, color, or national origin. Also, under the Americans with Disabilities Act of 1990, Cedar Rapids Transit shall not discriminate against an individual with a physical or mental disability in connection with the provision of transportation service.

1. Anyone who believes that they have been subject to an unlawful discriminatory practice by Cedar Rapids Transit has the right to file a written complaint within 180 days from the date of the alleged discrimination. Anyone who has a discrimination complaint should call Cedar Rapids Transit at 319-286-5573 and ask to speak to a supervisor or manager. Cedar Rapids Transit will respond and request additional information with the goal of obtaining an appropriate resolution promptly.

2. Formal complaints must be in writing, signed by the complainant and/or the complainant’s representative, and mailed to the following address: Human Resources Director, City of Cedar Rapids, Human Resources Department, 101 First Street SE, Cedar Rapids, Iowa 52401. Complaints must describe as accurately as possible all facts and circumstances surrounding the alleged discrimination. The complaint shall then be handled according to these investigative procedures.

3. All complaints will be referred to the Transit Manager for review and action. The Transit Manager will review and investigate every complaint promptly. Reasonable measures will be undertaken to preserve any information that is confidential. The investigation will identify and review all relevant documents, practices and procedures; and identify and interview persons with knowledge of the Title VI violation (the person making the complaint; witnesses or anyone identified by the Complainant; anyone who may have been subject to similar activity, or anyone with relevant information).

4. Upon completion of the investigation, the Transit Manager will complete a final report for the Cedar Rapids Human Resources Director. If a Title VI violation is found to exist, remedial steps as appropriate and necessary will be taken immediately. The Complainant will also receive a final report together with any remedial steps.

5. The Transit Manager shall maintain a log of Title VI complaints received from this process to include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken by the Cedar Rapids Transit in response to the complaint.

6. A summary of the complaint and resolution will be included as part of the Title VI updates to the FTA and IDOT.
Cedar Rapids Transit
Title VI Complaint Form

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The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please call 319-286-5573. The completed form must be sent to Human Resources Director, City of Cedar Rapids, 101 First St SE, Cedar Rapids, IA 52401.

Name: __________________________________________________________________________

Phone & Alternate Phone: _____________________________________________________________________

Street Address: ____________________________________________________________________________

City, State & Zip Code: _______________________________________________________________

Person(s) discriminated against (if someone other than complainant): ______________________

Contact Information: _____________________________________________________________

Describe the alleged discrimination incident as accurately as possible including names, dates and times. Provide the names of all Cedar Rapids Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

Complainant’s Signature: ___________________________ Date: ________________