



## Civil Rights Complaint Form and Procedure

Any person who believes she or he has been discriminated against on the basis of race, color, national origin, disability, age, religion, gender and/or veteran status by LAKETRAN may file a Civil Rights complaint by completing and submitting the agency's Civil Rights Complaint Form. LAKETRAN investigates complaints received no more than 180 days after the alleged incident. LAKETRAN will process complaints that are complete.

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

LAKETRAN has ten (10) business days to investigate the complaint. If more information is needed to resolve the case, LAKETRAN may contact the complainant. The complainant has fifteen (15) business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant, or does not receive the additional information within 10 business days following the timeframe from the complainant, LAKETRAN 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, she/he 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 Civil Rights 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, she/he has 15 business 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.



## Civil Rights Complaint Form and Procedure

Section 1.				
Name:				
Address:				
Phone (Home):			(Work):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio tape	
	TDD		Other	
Section 2.				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "yes" to this question, go to Section 3.				
If not, please supply the name and relationship of 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	
Section 3:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	
<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender	<input type="checkbox"/> Veteran Status	
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sexual Harassment			

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 names and contact information of any witnesses. If more space is needed, please use the back of this form.

**Section 4.**

Have you previously filed a Civil Rights complaint with this agency?	Yes	No
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**Section 5.**

Have you filed this complaint with any other Federal, state, or local agency, or with any Federal or State Court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

State Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Phone:

**Section 6.**

Name of agency complaint is against:

Contact Person:

Title:

Phone:

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

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

LAKETRAN

Andrea Aaby, Director of Compliance & Development

(Title VI & ADA Coordinator)

555 Lakeshore Blvd.

Painesville Twp., Ohio 44077

[laketran@laketran.com](mailto:laketran@laketran.com)