

**APPENDIX A – SACOG Title VI Complaint Procedure**



## **Title VI Complaint Procedure**

As a recipient of federal dollars, SACOG 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. SACOG has implemented this 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 as follows:

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, national origin, or low-income status has been excluded from or denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance through SACOG may file a written complaint with SACOG's Title VI Coordinator either on-line or in hard copy. Such complaint must be filed within 180 calendar days after the date the person believes the discrimination occurred.
  - o [SACOG's's Title VI Complaint Form](#)
  - o [Formulario de Queja del Título VI de SACOG](#)
  - o [SACOG標題VI投訴表格](#)
2. **Referral to Review Officer:** Upon receipt of a Complaint, the Title VI Coordinator shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the Complaint, in consultation with Legal Counsel. The staff review officer(s) shall complete their review no later than 60 calendar days after the date SACOG received the Complaint. If more time is required, the Title VI Coordinator 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 SACOG's processes relative to Title VI and environmental justice, as appropriate. The staff review officer(s) shall forward their recommendations to the Title VI Coordinator, for concurrence. If s/he concurs, s/he shall issue SACOG'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 SACOG 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 Title VI Coordinator or staff review officer(s). 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 the SACOG Board of Directors 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.



**Sacramento Area Council of Governments (SACOG) Title VI Complaint Form**

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

<b>Section I:</b>									
Name:									
Address:									
Telephone (Home):					Telephone (Work):				
Electronic Mail Address:									
Accessible Format Requirements? Check all that apply.		Large Print			Audio Tape				
		TDD			Other				
<b>Section II:</b>									
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	
<b>Section III</b>									
I believe the discrimination I experienced was based on (check all that apply):				Race		Color		National Origin	Other
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.				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?	Yes		No	
<b>Section V</b>				
Have you filed a 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		

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

**Please sign here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note - SACOG cannot accept your complaint without a signature.**

**Please print, scan and email your completed, signed form to [ejohnson@sacog.org](mailto:ejohnson@sacog.org) OR**

**Mail or fax your completed, signed form to:**

Title VI Coordinator  
 Sacramento Area Council of  
 Governments  
 1415 L Street, Suite 300  
 Sacramento, CA 95814  
 Fax: (916) 321-9551



**Formulario de Queja del Título VI del  
Concejo de Gobiernos del Área de Sacramento  
(SACOG, por sus siglas en inglés)**

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

<b>Sección I:</b>				
Nombre:				
Dirección:				
Teléfono (Hogar):		Teléfono (Trabajo):		
Dirección de correo electrónico:				
¿Requiere de formato accesible? Marque las que apliquen:	<input type="checkbox"/>	Letra grande	<input type="checkbox"/>	Cinta de audio
	<input type="checkbox"/>	TDD	<input type="checkbox"/>	Otro
<b>Sección II:</b>				
¿Está presentando esta queja en su propio nombre?	<input type="checkbox"/>	Sí*	<input type="checkbox"/>	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 él/ella.	<input type="checkbox"/>	Sí	<input type="checkbox"/>	No
<b>Sección III</b>				
Creo que la discriminación que sufrí se basa en (marque todas las que apliquen):	<input type="checkbox"/>	Raza	<input type="checkbox"/>	Color
	<input type="checkbox"/>		<input type="checkbox"/>	Origen nacional
	<input type="checkbox"/>		<input type="checkbox"/>	Otro
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	
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**Sección V**

¿Ha presentado una queja con cualquier otra agencia local, estatal o federal, o ante cualquier corte estatal o federal?	Sí		No	
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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:**

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

**Favor de imprimir, escanear y enviar por correo electrónico el formulario completado y firmado a: [ejohnson@sacog.org](mailto:ejohnson@sacog.org) O**

**Envíe el formulario completado y firmado por correo o por fax a:**

Title VI Coordinator  
 Sacramento Area Council of Governments  
 1415 L Street, Suite 300  
 Sacramento, CA 95814  
 Fax: (916) 321-9551



薩克拉門托 (沙加緬度)地區政府理事會 (SACOG) 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。

第一部分：				
姓名：				
地址：				
電話（家庭）：		電話（工作）：		
電子郵件地址：				
要求我們提供的材料格式： 勾選所有適用的項目。	<input type="checkbox"/>	大號印刷字體	<input type="checkbox"/>	錄音磁帶
	<input type="checkbox"/>	听力障礙	<input type="checkbox"/>	其它
第二部分：				
您是代表自己提出本申訴嗎？	<input type="checkbox"/>	是*	<input type="checkbox"/>	否
*如果回答「是」，請填寫第三部分。				
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。	<input type="checkbox"/>	是	<input type="checkbox"/>	否
第三部分：				
我相信我受到的歧視是基於（勾選所有適用的項目）：	<input type="checkbox"/>	種族	<input type="checkbox"/>	膚色
	<input type="checkbox"/>		<input type="checkbox"/>	原國籍
	<input type="checkbox"/>		<input type="checkbox"/>	其它
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。


**第四部分：**

您以前是否曾經在本機構提交過Title VI 申訴？	是		否	
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**第五部分：**

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	
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如果回答「是」，請勾選所有適用的項目。	<input type="checkbox"/>	聯邦機構	<input type="checkbox"/>	州機構
	<input type="checkbox"/>	聯邦法院	<input type="checkbox"/>	地方機構
	<input type="checkbox"/>	州法院	<input type="checkbox"/>	

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（**SACOG**）不能接受您的申訴。

請打印，掃描並通過電子郵件發送完成，簽署形式來 [ejohnson@sacog.org](mailto:ejohnson@sacog.org) 或

完成，已簽署的表格郵寄或傳真到：  
Title VI Coordinator  
Sacramento Area Council of Governments  
1415 L Street, Suite 300  
Sacramento, CA 95814

傳真：(916) 321-9551