



GREAT FALLS TRANSIT DISTRICT

TITLE VI—ADA—STATE PROTECTED RIGHTS

COMPLAINT FORM

The Great Falls Transit District is committed to ensuring that no person is excluded from participation in, or denied the benefits of, or be subject to discrimination in the receipt of its services or programs on the basis of race, color, national origin or any other characteristics protected by law, including the **Title VI of the Civil Rights Act of 1964**, as amended.

Further, under the **Americans with Disabilities Act (ADA) of 1990**, no entity shall discriminate against an individual with a physical or mental disability in connection with the provision of transportation service.

The above Federal listed protections are further expanded, by the State of Montana, to include religion, marital status and political ideas or beliefs.

If you feel you have been discriminated against, by the Great Falls Transit District, fill out the form below and return it to the contact and address listed below. **You may file a written complaint no later than 180 calendar days after the date of the alleged discrimination.** Should you need assistance in filling out the complaint form, phone **727-0382**.

Section I: Complainant Information

Name (print): _____

Mailing Address: _____

Phone: _____ Email: _____

Section II: This complaint involves:

Indicate the protected status you believe was basis for discrimination.

| | | | |
|--------------------------------|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Low Income Status | <input type="checkbox"/> Age | <input type="checkbox"/> Political Ideas or Beliefs |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Disability—Mental or Physical | <input type="checkbox"/> Religion | |

Explain why you believe discrimination has occurred. Please provide dates, location and time of discrimination. If there are any witnesses, please provide names, addresses, phone numbers. Indicate the person (s) you believe responsible for the discrimination and what remedy you are requesting. **Use the area provided below to explain your complaint. You may also use the back of this page and/or attach additional pages if necessary.**

Section III: Complaint Narrative

Complaint narrative Continued:

Section III: Have you filed this complaint with any other Federal, State or local agency or with any Federal, State or local court?

Yes **No** If you have, please list name of agency and date filed. _____

SIGNATURE AND DATE ARE REQUIRED

Signature: _____ Date _____

Please mail or personally deliver this completed complaint form to:

Jim Helgeson, General Manager

Great Falls Transit District

3905 North Star Blvd.

Great Falls, Montana 59404

If you have any questions regarding this complaint form or require it in a different format, such as large print, call the person listed above at 727-0382.

GREAT FALLS TRANSIT DISTRICT Title VI / ADA Complaint Procedures

1. Any person believing they have been subjected to discrimination in the course of doing business with the Great Falls Transit District may file a complaint, following the outline of the Great Falls Transit District complaint form.
2. Within ten business days of receiving the complaint, the Great Falls Transit District General Manager shall contact the complainant, if any further information is necessary to conduct an investigation.
3. Within twenty days of receiving the complaint, the Great Falls Transit District assigned investigator will produce a written report of the investigation including: a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition and deliver it to the Great Falls Transit General Manager.
4. Within thirty days of receiving the complaint, the General Manager will contact the complainant and inform them of the findings of the investigation.

Complainants will be advised of their appeal rights to the appropriate federal agency, should they not agree with the findings of the district.

Contact information for the Great Falls Transit District regarding Civil Rights is as follows:

Jim Helgeson, General Manager
3905 North Star Blvd.
Great Falls, Montana 59404

406-727-0382