

Title VI Notice to the Public¹

The **City of New Richmond**'s Notice to the Public is as follows:

Notifying the Public of Rights Under Title VI

CITY OF NEW RICHMOND

- ✓ The **City of New Richmond** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **City of New Richmond**.
- ✓ For more information on the **City of New Richmond** civil rights program, and the procedures to file a complaint, contact 715.246.4268, (TTY 715.243.0453); email tbatchelor@newrichmondwi.gov; or visit our clerk's office at 156 East First Street, New Richmond, WI 54017. For more information, visit www.newrichmondwi.gov
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 715.246.4268.
Si se necesita informacion en otro idioma de contacto, 715.246.4268.
Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 715.246.4268.

The **City of New Richmond**'s Notice to the Public is posted in the following locations:

- ✓ Agency website www.newrichmondwi.gov
- ✓ Public areas of the agency office (common area, public meeting rooms, etc.)
- ✓ Inside vehicles of transit provider, **Running Inc.**

¹ Title VI regulations require the **City of New Richmond** to inform customers and the public of their rights under Title VI regulations by posting a Title VI public notice. The Title VI notice must include:

- ✓ A statement that the agency operates programs without regard to race, color or national origin.
- ✓ Information on how to request additional information about the agency's Title VI obligations, including information on how to file a complaint, the location of the complaint form, etc.
- ✓ Information on how to request Title VI information in another language, if required

The Public Notice should be posted in the following locations: website, public areas of the agencies office, inside vehicles, rider guides/schedules and transit shelters/facilities

Complaint Procedure

The **City of New Richmond's** Complaint Procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the Notice to Public or in its entirety
 - ✓ Public areas of the agency office (common area, public meeting rooms, etc.)
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Any person who believes she or he has been discriminated against on the basis of race, color, or national origin, religion, gender, disability or age by the **City of New Richmond** may file a complaint by completing and submitting the agency's Complaint Form.

The Complaint Form may also be used to submit general complaints to the **City of New Richmond**.

The **City of New Richmond** investigates complaints received no more than 180 days after the alleged incident. The **City of New Richmond** will process complaints that are complete.

Once the complaint is received, the **City of New Richmond** 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.

The **City of New Richmond** has 45 business days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 10 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, the city 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 (2) 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 Title VI violation and that the case will be closed.
- ✓ A letter of finding (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, the complainant has 10 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.

If information is needed in another language, then contact 715-246-4268.

City of New Richmond - Complaint/Comment Form

City of New Richmond is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at tbatchelor@newrichmondwi.gov or in person at the address below.

City of New Richmond
 156 East First Street
 New Richmond, WI 54017
tbatchelor@newrichmondwi.gov

You may also call us at 715.246.4268. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below							
Compliment	Suggestion	Complaint				Other	
		Title VI: ADA (Disability): Service: Other:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Age <input type="checkbox"/> Limited English Proficient LEP
SECTION II: CONTACT INFORMATION							
Name:							
Rider ID (if applicable):							
Street Address:							
City, State, Zip code:							
Phone:							
Email:							
Accessible Format Requirements: (choose preferred format(s))		<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD/Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other		
Are you filing this complaint on your own behalf? If you answered “yes” to this question, go to Section IV.			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If not, please provide 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.			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
SECTION III: COMMENT DETAILS							
Transit Service (Choose one, as applicable) Bus/Paratransit/Shared-Ride Taxi							
Date of Occurrence:							
Time of Occurrence:							
Name/ID of Employee(s) or Others Involved:							
Vehicle ID/Route Name or Number:							

Direction of Travel:		
Location of Incident:		
Mobility Aid Used (if any):		
If above information is unknown, please provide other descriptive information to help identify the employee:		
Description of Incident: As applicable, explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please add additional pages.		
SECTION IV: FOLLOW-UP		
May we contact you if we need more details or information?	Yes	No
What is the best way to reach you? (choose one) If a phone call is preferred, what is the best day and time to reach you?	Phone	
	Email	
	Mail	
SECTION V: DESIRED OUTCOME		
What steps have you have taken to address the conflict or problem?		
What type of corrective actions took place?		
What remedy are you seeking?		
SECTION VI: ADDITIONAL INFORMATION		
Have you previously filed a complaint with this agency?	Yes	No
Have you filed this complaint with any other Federal, State or Local agency, or with any Federal or State Court?	Yes	No
If yes, to the question above, list all agencies contacted:		
Please provide information about a contact person at the agency/court where each complaint was filed. Name, Agency, Address, Phone, Email		

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the **City of New Richmond**:

_____ **Complainant Signature** _____ **Date**

_____ **Print Your Name**