

KC STREETCAR



City of Kansas City, MO Title VI Complaint Procedure and Forms

**Human Relations Department
414 East 12th Street
Kansas City, MO 64106
816-513-1836**

Title VI Discrimination Complaint Procedures

The City's staff has established a process for riders to file a complaint under Title VI. Any person who believes that he or she has been discriminated against by the City on the basis of race, color, or national origin may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Forms. Title VI Complaint forms and procedures are posted and available at our administrative offices at 414 E. 12th Street, 4th Floor, Kansas City, Missouri 64106 and posted on our website at <http://www.kcmo.gov/humanrelations/about/>. Complaints can be returned in person to the address above or on-line to email hldmwbe@kcmo.org.

Please provide the names and contact information of any persons who can support or clarify your allegations to the City. The City's staff will provide appropriate assistance to complainants who are limited in their ability to communicate in English.

The City's staff investigates complaints received no more than 180 days after the alleged incident. The City will only process complaints that are complete. Once the complaint is received, the City's staff will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter within ten (10) business days of our receipt of the complaint informing her/him whether the complaint will be investigated by our office.

The City has 90 days to investigate the complaint. If more information is needed to resolve the case, the City's staff may contact the complainant. The complainant has ten (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 ten (10) business days, the City's staff 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, he/she 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 the City did not find a violation of Title VI regulations. This letter closes the case. A LOF summarizes the allegations of discrimination claimed and indicates that the City's services or programs are in violation of Title VI. The letter will also contain a brief description of remedies the City will undertake to achieve compliance.

A complainant may appeal a final decision resulting from a Title VI investigation by submitting a written appeal to the City no later than ten (10) business days after receipt of final decision letter. The appeal must be submitted to the Director of Human Relations at the City of Kansas City, Missouri at the following address: Director of Human Relations, Human Relations Department, 414 E. 12th St, 4th Floor, Kansas City, MO 64106.

A complainant may also 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.

The written, signed complaint should include:

- Your name, address and telephone number,
- How, why, and when you believe you were discriminated against.
- Include as much specific, detailed information as possible



City of Kansas City, Missouri Title VI Complaint Form

Title VI of the Civil Rights Act provides that no person shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any City program or activity that receives federal funding.

If you have a Complaint under Title VI, complete this form and submit it to the City, Human Relations Department, Title VI Program, 414 E. 12th St, 4th Fl., Kansas City, MO 64106.

I. COMPLAINANT INFORMATION

Name	
Address	
City, State, Zip	
Telephone () -	Email Address
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other	

II. PRIMARY/THIRD PARTY INFORMATION

Are you filing this complaint on your own behalf? <input type="checkbox"/> YES → If you answered “YES” to the question, go to Section III. <input type="checkbox"/> NO → If you answered “NO” to the question, answer the following questions:
a. Please supply the name and relationship of the person for whom you are complaining?
b. Please explain why you have filed for a third party?
c. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of the third party. <input type="checkbox"/> YES <input type="checkbox"/> NO

III. COMPLAINT BASIS

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
Date of Alleged Description (Month / Day / Year)
On a separate sheet(s) of paper please 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 side of this form or a separate sheet of paper.

IV. COMPLAINT FILING CONTACTS

Have you previously filed a Title VI Complaint with the City? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you filed this Complaint with any other federal, state or local agency or with any federal or state court: <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, check all that apply: <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court
Please provide information for a contact person at the agency/court where the complaint was filed.
Names:
Title:
Agency:
City / State / Zip
Telephone:

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

Complainant's Signature

Date

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

City of Kansas City, Missouri
ATTENTION: TITLE VI COMPLAINTS
Human Relations Department
414 E. 12th St, 4th Floor
Kansas City, MO 64106

This form can be returned online to email hldmwbe@kcmo.org.

OFFICE USE ONLY

Jurisdiction: on or before 180 days post event

Closure:

- 1 – Closure Letter
- 2 – Letter of Findings
- 3 – Administrative (FC)
- 4 – Administrative (CW)

Appeal: 10 days post receipt date of Closure Letter of Letter of Finding