

# **Albany Area MPO Discrimination Complaint Procedure**

## **Introduction**

The complaint procedures outlined herein apply to the Albany Area MPO and other primary recipients and sub-recipients of Federal financial assistance. These procedures cover discrimination complaints filed under Title VI of the Civil Rights Act of 1964, Civil Rights Restoration Act of 1987, Section 504 of the Rehabilitation Act of 1973, and other non-discrimination authorities relating to any program, services, or activities administered by the MPO and its sub-recipients, consultants, and contractors.

Complaints of alleged discrimination will be investigated by the appropriate authority. The option of informal mediation meeting(s) between the affected parties and the MPO's Title VI Coordinator may be utilized for resolution. Upon completion of each investigation, the MPO's Title VI Coordinator will inform every complainant of all avenues of appeal.

The purpose of these discrimination complaint procedures is to describe the process used by the MPO for processing complaints under Title VI of the Civil Rights Act of 1964, related statutes and authorities.

The Albany Area MPO will make every effort to obtain early resolution of complaints at the lowest level possible, and accepts both formal and informal complaints regarding its compliance with Title VI and related regulations. Informal complaints are those which have not been made in writing and not through the formal complaint process described herein. Informal complaints may be addressed and resolved directly by the MPO even if the MPO is identified in the incident.

## **Complaint Procedure**

1. Any person who believes he or she, individually, as a member of any specific class, or in connection with any disadvantaged business enterprise, has been subjected to discrimination prohibited by Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990, Section 504 of the Vocational Rehabilitation Act of 1973, or the Civil Rights Restoration Act of 1987, as amended, may file a complaint with the Albany Area Metropolitan Planning Organization (AAMPO). A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the AAMPO Title VI Coordinator for review and action.
2. In order to have the complaint considered under this procedure, the complainant must file the complaint no later than 180 days after:
  - a) The date of alleged act of discrimination; or
  - b) Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

In either case, AAMPO may extend the time for filing or waive the time limit in the interest of justice, as long as AAMPO specifies in writing the reason for so doing.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. Complaints shall set forth as fully as possible the facts and circumstances surrounding the alleged discrimination. In the event a person makes a verbal complaint of discrimination to an AAMPO representative or staff, that person shall be interviewed by the AAMPO Title VI Coordinator. If necessary, the AAMPO Title VI Coordinator will assist the person in transcribing the complaint to written form and submitting the written version of the complaint to the person for signature. The complaint shall then be handled according to AAMPO's investigative procedures.

In cases where the complaint is against a recipient of AAMPO funds, AAMPO will assumed jurisdiction and will investigate and adjudicate the case. Complaints against AAMPO will be referred to the Oregon Department of Transportation (ODOT) for investigation. Upon completing its investigation, ODOT will make a recommendation to either the Federal Highway Administration (FHWA) or Federal Transit Administration (FTA) for final determination and resolution.

4. Complaints may be submitted to the Theresa Conley, AAMPO Coordinator & Title VI Coordinator, through the following methods:

By Email: [tconley@ocwcog.org](mailto:tconley@ocwcog.org)

By Mail: Albany Area MPO Coordinator  
Oregon Cascades West Council of Governments  
1400 Queen Ave SE, Suite 205  
Albany, OR 97322

By Phone: 541-924-4548

By Facsimile: 541-967-4651

5. Within 10 days, the AAMPO Title VI Coordinator will acknowledge receipt of the allegation, inform the complainant of action taken or proposed action to process the allegation, and advise the complainant of other avenues of redress available, such as the Oregon Department of Transportation (ODOT) and U.S. Department of Transportation (USDOT).
6. The AAMPO Title VI Coordinator will advise ODOT and/or USDOT within 10 days of receipt of the allegations. Generally, the following information will be included in every notification to ODOT and/or USDOT:
  - a) Name, address, and phone number of the complainant.
  - b) Name(s) and address(es) of alleged discriminating official(s).
  - c) Basis of complaint (i.e., race, color, national origin, or sex)
  - d) Date of alleged discriminatory act(s).
  - e) Date complaint received by the recipient.
  - f) A statement of the complaint.
  - g) Other agencies (local, state, or Federal) where the complaint has been filed.
  - h) An explanation of the actions AAMPO has taken or proposed to resolve the issue in the complaint.

6. Within 60 days, the AAMPO Title VI Coordinator will conduct an investigation of the allegation and based on the information obtained, will render a recommendation for action in a report of findings to the CED Manager. The complaint should be resolved by informal means whenever possible. Such informal attempts and their results will be summarized in the report of findings.
7. Within 90 days of receipt of the complaint, the AAMPO Title VI Coordinator will notify the complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the complainant of his/her appeal rights with ODOT, or USDOT, if they are dissatisfied with the final decision rendered by AAMPO. The AAMPO Title VI Coordinator will also provide ODOT and/or USDOT with a copy of this decision and summary of findings upon completion of the investigation.
8. Contact information for the state and federal Title VI administrative jurisdiction is as follows:

Oregon Department of Transportation

Mail: Office of Civil Rights  
Oregon Department of Transportation  
Attn. Title VI Officer  
955 Center St. NE, Suite 471  
Salem, Oregon 97301

Phone: 503-986-4350

Fax: 503-986-6382

Federal Highway Administration Office of Civil Rights

Mail: 1200 New Jersey Avenue, SE  
8th Floor E81-314  
Washington, DC 20590

Phone: 202-366-0693

Fax: 202-366-1599

TTY: 202-366-5132

Federal Transit Administration Office of Civil Rights

Mail: Attention: Title VI Program Coordinator  
East Building, 5th Floor – TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590

Phone: (202) 366-4043

TTY: 1-800-877-8339

## Albany Area MPO Title VI Complaint Form

The Albany Area MPO, as a recipient of federal financial assistance, is required to ensure that all of its activities and any benefits from these activities are conducted in a manner consistent with Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that he or she has been subjected to discrimination under any of AAMPO's programs or activities based on their race, color, national origin, limited English proficiency, sex, income, age or disability by file a written complaint with the MPO.

**Complainant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Person discriminated against (if other than the complainant)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Were you discriminated against because of your:**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Race        | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color       | <input type="checkbox"/> Age             |
| <input type="checkbox"/> Sex         | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Other _____ |  |

Date and Time of Alleged Incident: \_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved and any MPO projects, plans or programs that may have led to the situation you are describing. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

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Have you filed this complaint with any other federal, state or local agency or with any court?

Yes       No

If yes, check and identify all that apply:

- Federal Agency \_\_\_\_\_
- Federal Court \_\_\_\_\_
- State Agency \_\_\_\_\_
- State Court \_\_\_\_\_
- Local Agency \_\_\_\_\_

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit this signed form to and any attachments to:**

Albany Area MPO Title VI Coordinator  
Oregon Cascades West Council of Governments  
1400 Queen Ave SE, Suite 205  
Albany OR 97322