

## Complaint Procedure

Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by the **LAPC** may file a complaint by completing and submitting the **LAPC's Complaint Form**.

The *Complaint Form* may also be used to submit general complaints to the **LAPC**.

The **LAPC** investigates complaints received no more than **180** business days after the alleged incident. The **LAPC** will process complaints that are complete.

Once the complaint is received, the **LAPC** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, the **LAPC** will follow the steps listed in this complaint procedure. The **LAPC** may also use this formal procedure to address general complaints. If the **LAPC** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by the **LAPC Executive Director** as a civil rights complaint.

The **LAPC** has **60** days to investigate the civil rights complaint. If more information is needed to resolve the case, the **LAPC** may contact the complainant.

The complainant has **30** 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 **30** days, the **LAPC** 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, one of two letters will be issued 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/ADA 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 **30** 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, please contact 608-785-5977.

Si se necesita informacion en otro idioma de contacto, 608-785-5977.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 608-785-5977.

## Complaint and Comment Form

The **La Crosse Area Planning Committee** is committed to assisting public transportation providers in 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 to [pletcher@lacrossecounty.org](mailto:pletcher@lacrossecounty.org) or in person at the address below.

### La Crosse Area Planning Committee

La Crosse County Administrative Center

Room 1200

212 6<sup>th</sup> St N

La Crosse, WI 54601

You may also call us at 608-785-5977. Please make sure to provide your contact information in order to receive a response.

### Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

### Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

Email Address

Are you filing this complaint on your own behalf?

Yes

No

If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes

No

## Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

## Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in the following format: Day, month, year		
What was the time of the occurrence?	Click to add the time		
What is the name or identification of the employee or employees involved?	Click or tap here to enter text.		
What is the name or identification of others involved, if applicable?	Click or tap here to enter text.		
What was the number or name of the route you were on, if applicable?	Click or tap here to enter text.		
What was the direction or destination you were headed to when the incident occurred, if applicable?	Click or tap here to enter text.		
Where was the location of the occurrence?	Click or tap here to enter text.		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.	Click or tap here to enter text.		

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**In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.**

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Click or tap here to enter text.

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## Section E: Follow-up

May we contact you if we need more details or information?

Yes

No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time

Click here to add your preferred day

## Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

## Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the La Crosse Area Planning Committee

Name

**Date:**  Click to add date in the following format: Day, month, year

Signature