

## **Title VI Complaint Procedure**

Any person who believes that he or she has been discriminated against on the basis of race, color, or national origin by the City of Beaumont's transit system (herein referred to as "TMB") may file a Title VI complaint by completing and submitting TMB's Title VI Complaint Form. The form can be found at the bottom of this document. The form can be submitted by 1) printing it, filling it out, and mailing it to Beaumont Municipal Transit, 550 Milam Street, Beaumont, 77701, or 2) emailing the completed form to [white.willa@beaumonttransit.com](mailto:white.willa@beaumonttransit.com), or 3) filing your complaint via telephone by calling (409)835-7895.

TMB will have thirty (30) days to investigate the complaint. If more information is needed in order to investigate the complaint then TMB may contact the complainant by letter with signature confirmation, or via telephone. The complainant will then have ten (10) business days from the date of receipt of the letter, or the date of the phone call, in order to provide any additional requested information to the assigned investigator. If the information is not received by the end of the ten (10) business day period from the complainant, then TMB can administratively close the case. The case also may be closed if the complainant no longer wishes to pursue their case.

After the complaint has been investigated, he/she will issue one of two letters to the complainant with signature confirmation: (1) a closure letter, or (2) a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no Title VI violation, and the case is to be closed. A LOF summarizes the allegations and interviews regarding the alleged incident, and explains whether or not any disciplinary action, additional training of the employee, or other action will occur. If the complainant wishes to appeal the decision, they have ten (10) days from receipt of the letter to do so.

A person may file a complaint directly with the Federal Transit Administration (FTA) at FTA Office of Civil Rights, Attention: Title VI Coordinator, 1200 New Jersey Ave., SE, Washington, D.C. 20590.

Title VI Complaint Form

## **Americans with Disabilities Act (ADA) Complaint Procedure**

Any person who believes that he or she has been discriminated against because of their disability under the ADA by the City of Beaumont's transit system (herein referred to as "TMB") may file an ADA complaint by completing and submitting TMB's ADA Complaint Form. The form can be found at the bottom of this document. This form can be submitted in one of the three ways described above.

The same procedure as outlined above for Title VI Complaints will be followed for ADA Complaints.

ADA Complaint Form

## **General Complaint/Request Procedure**

Any person having a complaint about the transit system which is unrelated to Title VI or the ADA may file a complaint using the General Complaint/Request Form below. These complaints would include such things as buses not operating on schedule, passengers being passed by and not picked up, bus air conditioning/heating system not working, request for a bench or shelter at a particular location, and other miscellaneous items pertaining to the operation of the buses and actions by the operators. The General Complaint/Request Form may be filled out and mailed, emailed, or the complainant may call in the complaint on the telephone as outlined above.

The same procedure as outlined above for Title VI Complaints will be followed for General Complaints and Requests.

General Complaint/Request Form

# Americans with Disabilities Act (ADA) Complaint Form

## **1. Contact Information:**

Salutation \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Email Address \_\_\_\_\_

## **2. Accessible Format Requirements:**

Large Print \_\_\_\_\_ TDD Relay \_\_\_\_\_ Audio Recording \_\_\_\_\_ Other \_\_\_\_\_

## **3. Incident Details:**

Fixed Route Service \_\_\_\_\_ Paratransit Service \_\_\_\_\_

Date of Occurance \_\_\_\_\_ Time of Occurance \_\_\_\_\_

Name of Employee (s) and or Others Involved \_\_\_\_\_

Vehicle Number and/or Route \_\_\_\_\_

Direction of Travel \_\_\_\_\_

Location of Incident \_\_\_\_\_

Mobility Aid Used \_\_\_\_\_

If above information is unknown, then please provide other descriptive information in order to help identify the employee\_\_\_\_\_

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Description of Incident or Message\_\_\_\_\_

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**4. Follow-Up:**

May we contact you if we need more details? Yes\_\_\_\_\_No\_\_\_\_\_

What is the best way to reach you? Phone\_\_\_\_\_Email\_\_\_\_\_Mail\_\_\_\_\_

If phone call is preferred, what is the best day and time to reach you?

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**5. Desired Response:**

Email\_\_\_\_\_Phone\_\_\_\_\_Mail\_\_\_\_\_

# Title VI Complaint Form

## 1. Contact Information

Salutation \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

Email Address \_\_\_\_\_

## 2. Accessible Format Requirements:

Large Print \_\_\_\_\_ TDD Relay \_\_\_\_\_ Audio Recording \_\_\_\_\_ Other \_\_\_\_\_

## 3. Incident Details:

Fixed Route Service \_\_\_\_\_ Paratransit Service \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

Name of Employee(s) and or Others Involved \_\_\_\_\_

\_\_\_\_\_

Vehicle Number and/or Route \_\_\_\_\_

Direction of Travel \_\_\_\_\_

Location of  
Incident \_\_\_\_\_

Mobility Aid Used\_\_\_\_\_

If above information is unknown, then please provide other descriptive information in order to help identify the employee(s)\_\_\_\_\_

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Description of Incident or Message\_\_\_\_\_

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**4. Follow-Up:**

May we contact you if we need more details? Yes\_\_\_\_No\_\_\_\_\_

What is the best way to reach you? Phone\_\_\_\_Email\_\_\_\_Mail\_\_\_\_\_

If phone call is preferred, what is the best day and time to reach you?

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**5. Desired Response:**

Email\_\_\_\_Phone\_\_\_\_Mail

# General Complaint/Request Form

## Complaint/Request Issued By:

Telephone\_\_\_\_\_Email\_\_\_\_\_Mail\_\_\_\_\_

## Contact Information:

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_Email Address\_\_\_\_\_

## Accessible Format Requirements:

Large Print\_\_\_\_\_TDD Relay\_\_\_\_\_Audio Recording\_\_\_\_\_Other\_\_\_\_\_

## Incident Details:

Fixed Route Service\_\_\_\_\_Paratransit Service\_\_\_\_\_

Date/Time of Occurrence\_\_\_\_\_

Name of Employee(s) and/or Others Involved\_\_\_\_\_

Vehicle Number and Route\_\_\_\_\_Direction of Travel\_\_\_\_\_

Location of Incident\_\_\_\_\_

Mobility Aid Used\_\_\_\_\_

If above information is unknown, then please provide other descriptive information in order to help identify employee(s)\_\_\_\_\_

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Description of Incident or Message\_\_\_\_\_

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Special Request\_\_\_\_\_

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**Follow-Up:**

May we contact you if we need more details? Yes\_\_\_\_\_No\_\_\_\_\_

What is the best way to reach you? Phone\_\_\_\_\_Email\_\_\_\_\_Mail\_\_\_\_\_

If a phone call is preferred, then what is the best day and time to reach you?

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**Desired Response:**

Email\_\_\_\_\_Phone\_\_\_\_\_Mail\_\_\_\_\_



# Request for Reasonable Accommodations

Application Date \_\_\_\_\_

TMB is required by Federal regulations to provide individuals with disabilities reasonable accommodations (including modifications or exception) in regard to the transit system operating policies. As an example, the current policy requires that passengers are not allowed to eat or drink on the bus. However, if a passenger was diabetic and was experiencing low blood sugar, the bus driver would let him eat in order to stabilize his blood sugar. This would constitute a reasonable accommodation. Individuals can request a reasonable accommodation by asking the bus operator on the route, by telephoning the TMB Office, or by filling out and submitting this form.

Applicant Name \_\_\_\_\_

Address (Street Number, City, State, Zip Code) \_\_\_\_\_  
\_\_\_\_\_

Applicant is (check one):

Person with Disability \_\_\_\_\_ Applying on Behalf of a Person with Disability \_\_\_\_\_

Name of Person with Disability \_\_\_\_\_

Address (Street Number, City, State, Zip Code) \_\_\_\_\_  
\_\_\_\_\_

Identify the Need for a Reasonable Accommodation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Reasonable Accommodation \_\_\_\_\_  
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The Regulation, Policy, Procedure, or Practice from Which the Modification or Exception is Requested\_\_\_\_\_

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Signature\_\_\_\_\_Date\_\_\_\_\_

**Appeals Process:**

The applicant, or a person on whose behalf an application was filed, may appeal the written decision to deny or grant an accommodation with alterations or conditions, or denial of the accommodation, no later than thirty (30) calendar days from the date the decision is mailed. The appeal should be in written form describing in detail why the applicant thinks the accommodation request should be approved. It should be mailed to TMB General Manager, 550 Milam Street, Beaumont, Texas 77701. A written answer to the appeal will be mailed to the applicant within ten (10) business days after receipt of the appeal.

**For TMB Use Only**

Approved\_\_\_\_\_ Denied\_\_\_\_\_

Staff Name\_\_\_\_\_Staff Title\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_