Mobility Matters Title VI Notice to the Public

Notifying the Public of Rights Under Title VI MOBILITY MATTERS

- Mobility Matters 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 Mobility Matters.
- For more information on Mobility Matters civil rights program, and the procedures to file a complaint, contact 925-284-6699, or visit our administrative office at 1035A Carol Lane Lafayette, CA 94549. For more information, visit elaine@mobilitymatterscc.com
 - 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 925-284-2207.

Updated: 4/14/2023

Title VI Complaint Procedures

As a recipient of federal dollars, Mobility Matters is required to comply with Title VI of the Civil Rights Act of 1964 and ensure that services and benefits are provided on a non-discriminatory basis. Mobility Matters has in place a Title VI Complaint Procedure, which outlines a process for local disposition of Title VI complaints and is consistent with guidelines found in the Federal Transit Administration Circular 4702.1B, dated October 1, 2012.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Mobility Matters may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Mobility Matters investigates complaints received no more than 180 days after the alleged incident. Mobility Matters will only process complaints that are complete.

Within 10 business days of receiving the complaint, Mobility Matters 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. Mobility Matters has 30 days to investigate the complaint. The complainant will be notified in writing of the cause to any planned extension to the 30-day rule.

If more information is needed to resolve the case, Mobility Matters 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 Mobility Matters 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 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. An 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, she/he 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.

Mobility Matters Title VI Complaint Form

COMPLAINT FORM

| Section I: Please write legibly | | | | | | |
|---|--|----------------------------------|---------------------|--------------------------|--|--|
| 1. Name: | | | | | | |
| 2. Address: | | | | | | |
| 3. Telephone: | | 3.a. Secondary Phone (Optional): | | | | |
| 4. Email Address: | | | | | | |
| 5. Accessible Format | [] Large Print | | [] Audio Tape | | | |
| Requirements? | [] TDD | | [] Other | | | |
| Section II: | | | | | | |
| 6. Are your filing this complaint on your own behalf? | | | YES* | NO | | |
| *If you answered "yes" to #6, go to Section III. | | | | | | |
| 7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name: | | | | | | |
| 8. What is your relationship with this individual: | | | | | | |
| 9. Please explain why you have filed for a third party: | | | | | | |
| 10. Please confirm that you aggrieved party to file on the | ermission of the | YES | NO | | | |
| Section III: | | | | | | |
| 11. I believe the discrimination I experienced was based on (check all that apply): | | | | | | |
| [] Race | [] Color | | | [] National Origin | | |
| 12. Date of alleged discrimination: (mm/dd/yyyy) | | | | | | |
| 13. Explain as clearly as post Describe all persons who we discriminated against you (space is needed, please att | vere involved. Incluing if known), as well | ude the name and cor | d contact informati | ion of the person(s) who | | |

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COMPLAINT FORM

| YES | NO |
|------------------------------------|------------------------|
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| ate, or local agency | , or with any Federal |
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| | |
| [] State Agency | |
| [] Federal Court [] Local Agency | |
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| ut a contact person | at the agency/court |
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| ation that you thi | nk is relevant to your |
| orm: | |
| Date | |
| the address below | w: |
| | ut a contact person |

Updated: 4/14/2023