



Title VI Compliance Public Notice

Town of Chincoteague Transportation Department

The Town of Chincoteague Transportation Department (Pony Express) 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 they have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Town.

For more information on the Town Transportation Department's civil rights program, and the procedures to file a complaint, please call 757-336-6519; email jwest@chincoteague-va.gov; or visit our administrative office at 6150 Community Drive, Chincoteague, VA 233336.

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 Avenue SE, Washington, DC 20590

If information is needed in another language, please call 757-336-6519.

The following pages contain a Title VI Complaint Form.

TITLE VI COMPLAINT PROCEDURES

Any person who believes they have been discriminated against on the basis of race, color, or national origin by the Town of Chincoteague Pony Express may file a Title VI complaint by completing and submitting the Title VI complaint form provided at the end of this document. The Town investigates complaints received no more than 180 days after the alleged incident. The Town will process complaints that are complete.

Once the complaint is received, the Town will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing them whether the complaint will be investigated by our office.

The Town has 60 days to investigate the complaint. If more information is needed to resolve the case, the Town 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, the Town 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, they 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 members, or other action will occur. If the complainant wishes to appeal the decision, they have 15 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.

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), the Town of Chincoteague (Town) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The Town does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations by the U.S. Equal Employment Opportunity Commission.

Effective Communication: The Town will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in our programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The Town will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in our program, service, or activity, should contact our ADA Coordinator at 757-336-6519 as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Town to take any action that would fundamentally alter the nature of its programs or services, or impose any undue financial or administrative burden.

Complaints that a Town program, service, or activity is not accessible to persons with disabilities should be directed to our ADA Coordinator at 757-336-6519.

The Town will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids / services or reasonable modifications of policy.

Town of Chincoteague ADA Complaint Procedure

This complaint procedure is established to meet the requirements of the Americans with Disabilities Act (ADA) of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs, or benefits by the Town of Chincoteague. The complaint form on the following page may be used to submit the complaint.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant; and location, date and description of the alleged discrimination. Alternative means of filing complaints, such as personal interviews or tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted no later than 60 calendar days after the alleged violation to:
ADA Coordinator, Town of Chincoteague
6150 Community Drive
Chincoteague, VA 23336

Within 15 calendar days after receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, the ADA Coordinator or his designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the Town's position and offer options for substantive resolution of the complaint.

If the Town's response does not satisfactorily resolve the issue, the complainant may appeal the decision within 15 calendar days after receipt of the response to the Secretary of Transportation.

All written complaints received by the Town, appeals to the Secretary of Transportation, and responses from these two offices will be retained by the Town for at least three years.

TITLE VI/ADA DISCRIMINATION COMPLAINT FORM

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Town of Chincoteague, 6150 Community Drive, Chincoteague, VA 23336

You can reach our office Monday-Friday from 8:00 am to 4:30 pm at 757-336-6519 or you can email the Virginia Department of Rail and Public Transportation (DRPT – the agency who oversees the Town of Chincoteague Pony Express) Title VI / ADA Compliance Officer at drptpr@drpt.virginia.gov.

Complainant's Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No. (Home): _____ **(Business):** _____

Email Address: _____

Person discriminated against (if other than complainant):

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

The name and address of the agency, institution, or department you believe discriminated against you.

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of incident resulting in discrimination: _____

Identify the category of Discrimination:

Race _____ **Color** _____ **National Origin** _____ **Disability** _____

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.

Where did the incident take place?

Are there any witnesses? If so, please provide their contact information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes No

If answer is Yes, check each agency complaint was filed with:

Federal Agency Federal Court State Agency
 State Court Local Agency Other

Please provide contact person information for the agency you also filed the complaint with:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature

Signature Date