Heart of Iowa Regional Transit Agency (HIRTA)
Nondiscrimination Complaint Form

If you believe you have been discriminated against because of your race, color, national origin, or disability, or you have a complaint about the accessibility of our transit system or service, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Complaints may be filed pursuant to nondiscrimination laws, rules, and regulations including, but not limited to: Title VI of the Civil Rights Act of 1964; Title II of the Americans with Disabilities Act of 1990 (ADA) and the US DOT issued a Final Rule under the American Disability Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint. Complaints of discrimination must be filed within 180 calendar days of the date that the alleged discrimination occurred.

HIRTA is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin. Any person who believes they have been discriminated against based on one of these categories may file acomplaint. Complaints must be filed within 180 calendar days of the incident.

Within 10 working days of receipt of your completed complaint form, HIRTA will contact you to confirm receipt of your complaintform and begin an investigation (unless the complaint is filed with an external entity first or simultaneously). The investigation mayinclude discussion(s) of the complaint with all affected parties to determine the nature of the problem. The investigation generally will be conducted and completed within 60 days of receipt of a complete complaint form. Based upon all information received, an investigation report will be submitted to the HIRTA Executive Director. The complainant will receive a letter stating HIRTA's final decision by the end of the 60-day time limit.

Please complete the information below and send to:

HIRTA, Title VI Coordinator
2824 104th Street, Urbandale, IA 50322 or
jcastillo@ridehirta.com

Complainant's Personal Information

1. Name: _____

   Daytime telephone: (_____) _____-_____

   E-mail address:_____

   Do you prefer to be contacted via e-mail? ☐ Yes ☐ No

   Address: _____

   City: _____ State: _____ Zip: _____

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2. Are you filing this complaint on your own behalf? ☐ Yes (go to question 6) ☐ No (go to question 3)

3. Name: _____

   Daytime telephone (_____) _____-_____

   E-mail address:_____

   Do you prefer to be contacted via e-mail? ☐ Yes ☐ No

   Address: _____

   City: _____ State: _____ Zip: _____

4. Your relationship to the complainant indicated above: _____

5. Please confirm you have obtained the permission of the aggrieved party to file a complaint on their behalf.
   ☐ Yes, I have permission. ☐ No, I do not have permission

Alleged Discrimination - Details of Complaint

6. I believe that the discrimination I experienced was based on (check all that apply)

   ☐ Race ☐ Color ☐ National Origin ☐ Disability ☐ Accessibility issue

   ☐ Other (Please specify) _____

7. City/County where alleged act happened: _____

8. Date(s) of alleged act: _____

9. Explain what happened as clearly as possible. Include all information you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint):

10. List any and all witnesses' names and phone numbers/contact information.

_____ _____

_____ _____

_____ _____

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11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any federal, state, or local agency or court? If yes, check all that apply.

- ☐ Federal Agency (List agency's name) _____
- ☐ Federal Court (Provide location) _____
- ☐ State Court _____
- ☐ State Agency (List agency's name) _____
- ☐ County Court (Specify court and county) _____
- ☐ Local Agency (Specify agency) _____

Signature and date are required: _____ _____
Signature Date

For Employer Use ONLY

Date Complaint Received _____

NOTES: