

APPENDIX B: COMPLAINT PROCEDURES / FORM

NOTIFYING THE PUBLIC OF RIGHTS UNDER TITLE VI

The Milwaukee Streetcar

The City of Milwaukee Department of Public Works operates the Milwaukee Streetcar 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 the City of Milwaukee Department of Public Works.

For more information on the Department's Civil Rights Program, and the procedures to file a complaint, contact:

City of Milwaukee DPW
Zeidler Building
841 N. Broadway
Milwaukee, WI 53202
414.286.2400
www.city.milwaukee.gov/mpw

If information is needed in another language, contact DPW at 414.286.2400.

Si se necesita informacion en espanol, llame Consejo para los de Hable Espanola: 414.384.3700

Hmong speakers may contact Shee Yee Community of Milwaukee: 414.344.6575

Сербиан звучници могу контактирати Translationz: 262.649.8570

Any person who believes that he or she has, individually, or as a member of any specific class of persons, been subjected to discrimination on the basis of race, color, or national origin with respect to the Milwaukee Streetcar, may file a Title VI complaint with the City of Milwaukee DPW.

The complaint must be filed within 180 days of the date of the alleged discrimination. Written complaints may be sent to:

City of Milwaukee DPW
Office of Commissioner
Zeidler Building
841 N. Broadway
Milwaukee, WI 53202

The "Title VI Complaint Form" is available online at www.milwaukee.gov/mpw and should be used to detail the complaint, but is not mandatory. Complaint forms may also be obtained by calling 414.286.2400.

Complaint Processing

All complaints related to the Milwaukee Streetcar alleging discrimination based on race, color or national origin will be recorded by the City of Milwaukee DPW by updating the "List of Active Investigations, Lawsuits or Complaints." This list shall include the date of the investigation, lawsuit or complaint, as well as actions taken by DPW with respect to the investigation, lawsuit or complaint. The list shall be made available to FTA upon request and with every City of Milwaukee DPW Title VI Program update.

If additional information is needed for assessment or investigation of the complaint, DPW staff will contact the complainant in writing within fifteen (15) working days of receiving the complaint. Failure of the complainant to provide the requested information by the requested date may result in the administrative closure of the complaint.

DPW staff will investigate the complaint and prepare a draft written response. A complaint may only be administratively closed if the Complainant agrees to such closure in writing or if the Complainant fails to provide requested information within the allotted time. Complainant shall have the right to appeal any administrative closure due to failure to provide requested information.

DPW staff will investigate a formal Title VI Complaint which has not been administratively closed within thirty (30) working days of receiving the complaint. Based upon all of the information received, DPW staff will prepare a draft written response subject to review by the Commissioner of Public Works.

The Commissioner of Public Works will determine if the complaint may be administratively closed after the draft is written, or if a final written response is needed. If a final written response is needed, DPW will send the response to the Complainant and advise the Complainant of his/her right to file a complaint externally. The Complainant will also be advised of his/her right to appeal the response to federal and state authorities as appropriate.

DPW will use its best efforts to respond to a Title VI complaint within sixty (60) working days of its receipt of such a complaint.

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The requested information will assist us in processing your complaint. Please let us know if you require any assistance in completing this form.

Complete and return this form to:

City of Milwaukee DPW
Office of Commissioner
Zeidler Building
841 N. Broadway
Milwaukee, WI 53202

Complainant’s Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Business) _____ (Cell) _____

Email Address: _____

Person discriminated against (if someone other than the complainant)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Business) _____ (Cell) _____

Email Address: _____

Relationship between Complainant and person discriminated against (if applicable):

Which of the following best describes the reason you believe the discrimination took place?

(Please circle all applicable characteristics)

Was it because of your (or the characteristic of the person for whom you are filing the Complaint):

Race

Color

National Origin

Other

When did the alleged discrimination take place?

Date: _____

Time: _____

Location: _____

(Please indicate AM or PM)

In your own words, please describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use the back of this form and/or additional sheets if additional space is necessary.

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? (Please Circle One): Yes No

If yes, circle all that apply:

Federal Agency

Federal Court

Local Agency

State Agency

State Court

Other

Please provide information about a contact person at the agency/court where the complaint was filed:

Court / Agency Name: _____

Contact Person: _____

Title: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Is there any other information you would like us to know? _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date