

Title VI Complaint Procedure

Complaints filed must be in regard to a BHJ MPC Policy Board decision; a planning process currently followed by BHJ MPC; or the current version of a BHJ MPC work product, procurement or document. Additionally, the procedure proper handling of Title VI complaints shall be:

- Any person(s), or legally authorized representative claiming to be aggrieved by an alleged discriminatory act or practice may complete and sign a Title VI Complaint form.
- The BHJ MPC Executive Director, acting also as Title VI Coordinator, will review the complaint to determine its applicability to Policy Board decisions, planning process, or work products of BHJ MPC.
- If the complaint is determined applicable, copies of the complaint, will be forwarded to the appropriate State and/or Federal agencies within ten (10) business days. These agencies may include, Ohio Department of Transportation (ODOT), West Virginia Department of Transportation (WVDOT), Federal Highway Administration (FHWA), and Federal Transit Administration (FTA). The complainant shall be notified in writing that the complaint is being processed. Complainant notification shall include copies of correspondence with ODOT, WVDOT, FHWA, and/or FTA.
- The BHJ MPC Policy Board will be notified of the complaint at the next scheduled Policy Board meeting. During the meeting the BHJ MPC Title VI Coordinator discuss the complaint, facts, and findings with the Policy Board.
- The BHJ MPC staff will provide assistance to ODOT, WVDOT, FHWA, and FTA in resolving the complaint. Every attempt will be made to resolve the complaint at the State level prior to involving Federal agencies.
- Within Five (5) business days of receiving a response from ODOT, WVDOT, FHWA, or FTA, the complainant will be notified in writing regarding the resolution of the complaint.
- The BHJ MPC Policy Board will be notified of the complaint resolution at their next scheduled meeting after the response is received.
- FHWA, Office of Civil Rights will be the final decision-making agency as it pertains to complaint issues and compliance in all civil rights related areas.

Section I				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail (E-Mail) Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No
Section V				

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required:

Signature *Date*

Please submit this form in person at the address below, or mail this form to:

Michael Paprocki
 Executive Director
 Brooke Hancock Jefferson Metropolitan Planning Commission
 124 North Fourth Street Second Floor
 Steubenville, OH 43952-4498