

Title VI/ADA Complaint Procedure

Hyde County Transit system's Complaint Procedure is made available at the following locations:

- Hyde County Transit Facility
- HCT Passenger Guide
- Agency Website

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

Once the complaint is received, Hyde County Transit 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.

Hyde County Transit has 45 days to investigate the complaint. If more information is needed to resolve the case, HCT may contact the complainant.

The complainant has 7 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 7 business days, Hyde County Transit 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 (2) 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.
- ✓ A letter of finding (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 days after the date of the letter or the LOF to do so.

Complaints may be submitted to the following entities:

- **Hyde County Non-Profit Private Transportation Corporation, PO Box 205, Swan Quarter, NC 27885; (252) 926-1637**
- **North Carolina Department of Transportation, Office of Civil Rights, External Civil Rights Section, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1830 or toll free 800-522-0453**
- **US Department of Transportation, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070**
Federal Transit Administration, Office of Civil Rights, ATTN: Title VI Program Coordinator, East Bldg. 5th Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590
- **US Department of Justice, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228**

Title VI/American Disabilities Act Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic 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 () Other				
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:	

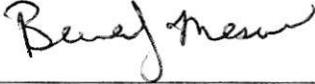
You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

List of Transit Related Title VI Investigations, Complaints and Lawsuits

Subrecipient: Hyde County Non-Profit Private Transportation Corporation		
Contact Person: Beverly Mason- Transportation Director	Signature: 	Date: 6-24-25

Check One:

There have been no investigations, complaint and/or lawsuits filed against us during the report period.

There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
2.				
Lawsuits				
1.				
2.				
Complaints				
1.				
2.				