



**Civil Right Complaint**  
**Title VI, American with Disabilities Act of 1964 (ADA),**  
**Disadvantaged Business Enterprise (DBE), & Equal Employment**  
**Opportunity (EEO)**

This Grievance Procedure is established to meet the requirements of Title VI of the Civil Rights Act of 1964, the American with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of race, color, National Origin, or disability in the provision of services, activities, programs or benefits by KI BOIS Area Transit System (KATS). If you have any questions about our policy or believe that KATS has in any way treated you or your organization in a manner contrary to that policy, you may contact:

Charla Sloan, Transit Director  
P.O. Box 727  
Stigler, OK 74462  
800-289-7228

**Complaint Process**

1. A written complaint should be filed within 180 calendar days of the alleged occurrence.
2. The complaint will be reviewed within 10 calendar days of receipt to determine whether it contains all the necessary information for acceptance.
3. Within 90 calendar days of the receipt of the signed complaint form, upper management will investigate the complaint.
4. KATS will then provide a written decision to the complainant which includes a finding of valid or non-valid to believe any discrimination has occurred, as well as any actions discussed with the complainant.
5. If the complainant disagrees with the result of the complaint, a petition for appeal may be filed within 30 calendar days of notice.

## **Appeals Process**

In the event that the complainant is not satisfied with the final complaint response issued by KATS, an appeal can be filed as follows:

1. An appeal should be filed with KI BOIS Community Action Foundation, Inc. within 30 days of the date of the decision letter. The appeal must be filed in writing and must provide detailed information with a copy of the initial complaint attached.

KI BOIS Community Action Foundation, Inc.  
Attention: Larry Hall, Chief Operating Officer  
P.O. Box 727  
Stigler, OK 74462

2. Upon receipt of the appeal, the Chief Operating Officer will review the written evidence for appropriateness and timeliness.
3. The Chief Operating Officer will then follow the complaint process, interview and/or request written evidence from any individual he believes to have information relevant to the issues raised.
4. The Chief Operating Officer will provide a written decision to the petitioner within 30 days of the date of receipt. If there is an agreement reached during the process the Chief Operation Officer will prepare a written memorandum of agreement to be signed by the individual and the Transit Director.

## Civil Rights Complaint Form

### ***Section I***

**I believe that I have been (or someone else has been) discriminated against on the basis of:**

- Race / Color / National Origin
- Disability
- Other (specify) \_\_\_\_\_

**I believe that KI BOIS Area Transit System has failed to comply with the following program requirements:**

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Other (specify) \_\_\_\_\_

### ***Section II***

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of alleged infraction: \_\_\_\_\_ Time of alleged infraction: \_\_\_\_\_

Place of alleged infraction: \_\_\_\_\_

KATS employee (s) involved: \_\_\_\_\_

Circumstances that lead you to lodge this complaint:

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**Section III**

Are you filling this complaint on your own behalf?

Yes                      No

[If you answer "yes" to this question go to Section IV.]

If not, please supply the name and relationship of the person for whom you are complaining:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Please explain why you have filed for a third party:

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

Yes                      No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: we cannot accept your complaint without a signature.**