

Complaint Procedure

The LAPC's Complaint Procedure is made available in the following locations:

- LAPC [website](#) in its entirety
- LAPC office at La Crosse County Administrative Center, 212 6th St N, Room 2300, La Crosse, WI 54601

OVERVIEW

LAPC is committed to ensuring that no person is excluded from, participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by LAPC in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities.

RIGHT TO FILE COMPLAINTS

LAPC uses the following procedures for prompt processing of all civil rights complaints relating to any program, activity or service administered by LAPC or its contractors, consultants, lessors receiving Federal financial assistance. These procedures do not deny the right of the Complainant to file formal complaints with other state or federal agencies or seek private counsel for complaints alleging discrimination.

Any individual, group of individuals, or entity that believes they have been subjected to discrimination or retaliation prohibited by Title VI nondiscrimination provisions by LAPC may file a complaint with the following:

- LAPC, Peter Fletcher, Title VI Coordinator at 608-785-6141, (for hearing impaired, please use Wisconsin Relay 711 service - <https://wisconsinrelay.com>; email pletcher@lacrossecounty.org; or visit our administrative office at 212 6th St N, Room 2300, La Crosse, WI 54601.
- Wisconsin Department of Transportation (WisDOT), Taqwanya Smith, Senior Title VI and ADA Coordinator, Phone: (608) 266-8129, TTY (800) 947-3529, Fax: (608)267-3641, Email: taqwanya.smith@dot.wi.gov, 4822 Madison Yards Way, 5th Floor South, Madison, WI 535705. For more information, visit the WisDOT Title VI-ADA website.
- U.S. Department of Transportation, Federal Highway Administration (FHWA), Office of Civil Rights. 1200 New Jersey Avenue, SE, 8th Floor E81-105, Washington, DC 20590, Phone: (202) 366-0693, email: FHWA.TitleVIcomplaints@dot.gov
- U.S. Department of Transportation, Federal Transit Administration (FTA), Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590, Phone: 1-888-446-4511 or 711(Relay), email: FTACivilRightsCommunications@dot.gov

PROCEDURES

Any person who believes they've been discriminated against by LAPC may file a complaint by completing and submitting LAPC's Complaint Form in Appendix C.

This civil rights complaint procedure may also be used by the LAPC to address, resolve, and close general complaints.

Every effort will be made to obtain early resolution of complaints at the lowest possible level. The option of informal mediation meeting(s) between the affected parties and LAPC Title VI Coordinator may be utilized for resolution, at any stage of the process. LAPC Title VI Coordinator will make every effort to pursue a resolution of the complaint.

Complaints can be submitted to LAPC in writing via email or by phone. Complainants are encouraged to complete the Complaint Form in Appendix C. Complaints received by telephone will be reduced to writing and provided to the Complainant for confirmation or revision before processing.

Complaints should contain the following information:

- The Complainant's contact information, including, if available: full name, postal address, phone number, and email address.
- The basis of the complaint (e.g., race, color, national origin, disability, etc.).
- The dates of the alleged discriminatory act(s) and whether the alleged discrimination is ongoing.
- The names of specific persons or respondents (e.g., agencies/organizations) alleged to have discriminated.
- Sufficient information to understand the facts that led the complainant to believe that discrimination occurred in a program or activity that receives federal financial assistance.

Complaints received will be acknowledged and processed, once the Complainant's intent to proceed with the complaint has been established.

INVESTIGATION OF COMPLAINTS

Complaints in which LAPC is named as the Respondent (i.e., the recipient/entity which a complaint of discrimination has been filed) shall be forwarded to the appropriate State or Federal agency for proper disposition, in accordance with their procedures.

LAPC will assume responsibility for investigating complaints against any of its contractors, consultants, lessors, etc.

To be accepted, a civil rights complaint must meet the following criteria:

- 1) The complaint should be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the Complainant.
- 2) The allegation(s) should address a nondiscrimination protection such as race, color, national origin, disability, etc.

- 3) The allegation(s) must involve a program or activity of a federal-aid recipient, contractor, consultant, or lessor.

LAPC reviews and determines the appropriate action regarding every complaint.

When a complaint is received, LAPC will provide written acknowledgment to the Complainant within 60 business days. The Complainant is notified of the proposed action to be taken to process the allegation(s). The notification letter/email shall contain:

- The basis for the complaint.
- A brief statement of the allegation(s) over which the LAPC has jurisdiction.
- An indication of when the parties will be contacted.

The investigation conducted by LAPC consists of a personal interview with the Complainant(s). Information gathered in this interview includes but is not limited to information completed on the Complaint Form in Appendix C.

If more information is needed to address the complaint, LAPC may contact the Complainant.

If a complaint is deemed incomplete or if additional information is requested, the Complainant will be provided 30 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.

Within 30 business days of the acceptance of the complaint, LAPC will prepare an investigative report. The report shall include a narrative description of the incident, identification of persons interviewed, findings, and recommendation for disposition. Only reasonably qualified and trained investigators should conduct the investigation.

After LAPC reviews the complaint, one of two (2) letters and will be issued to the Complainant: a closure letter or a letter of finding (LOF).

- A closure letter summarizes the allegations and states there was not a civil rights 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, the Complainant has 30 business days after the date of the letter of finding to do so.

DISMISSAL

A civil rights complaint may be recommended for dismissal for the following reasons:

- The Complainant requests withdrawal of the complaint.
- The Complainant fails to respond to repeated requests for additional information needed to process the complaint.
- The Complainant cannot be located after reasonable attempts.

LIST OF COMPLAINTS

LAPC maintains a Complaint Log as shown in Appendix C outlining the list of complaints, investigations and lawsuits alleging discrimination. The list shall include the date the civil rights complaint, investigation, or lawsuit was filed, a summary of the allegation(s), the status of the complaint, investigation, or lawsuit, actions taken by LAPC in response, and final findings related to the complaint, investigation, or lawsuit.

LAPC will submit a log of all Title VI complaints received, and any additional pertinent records to the WisDOT, Title VI Office, as requested.

For more information, contact:

LAPC, Title VI Coordinator

Peter Fletcher

Email: Pfletcher@lacrossecounty.org

Phone: 608-785-5977

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>
Email Address <input type="text"/>	

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)	<input type="checkbox"/> Americans with Disability Act (A.D.A)		

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in the following format: Day, month, year		
What was the time of the occurrence?	Click to add the time		
What is the name or identification of the employee or employees involved?	Click or tap here to enter text.		
What is the name or identification of others involved, if applicable?	Click or tap here to enter text.		
What was the number or name of the route you were on, if applicable?	Click or tap here to enter text.		
What was the direction or destination you were headed to when the incident occurred, if applicable?	Click or tap here to enter text.		
Where was the location of the occurrence?	Click or tap here to enter text.		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.	Click or tap here to enter text.		

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Click or tap here to enter text.

Section E: Follow-up

May we contact you if we need more details or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time

Click here to add your preferred day

Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the La Crosse Area Planning Committee

Name

Date: Click to add date in the following format: Day, month, year

Signature