

**A Complainant should file a complaint in the order listed below:**

1. Community Transit Service/Attn: Title VI Coordinator /P.O. Box 612/Corsicana, TX 75151
2. Texas Department of Transportation/Civil Rights Division/Attn: Title VI Program Administrator/125 E. 11th Street/Austin, TX 78701
3. FTA-Office of Civil Right/Attn: Title VI Program Coordinator/  
East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave. SE/Washington, DC, 20590

If information is needed in another language, call (903)872-2405 or 1(800)834-1924.

SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 or 1(800)834-1924

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

Any person who believes that they have been subjected to discrimination may file a written complaint with CTS office. Federal and state law requires complaints be filed within one-hundred eighty (180) calendar days of the last alleged incident. The agency will notify their PTC (Public Transportation Coordinator) by email or fax of any Title VI-related complaints received within 10 working days of the receipt of the complaint, including a paper or electronic copy of the complaint form.

## Complaint Form

A complaint may be submitted in writing that contains the following information:

- a. The complaint form may be obtained from our local office, website, or from the transit drivers. If information is needed in another language, call (903)872-2405 or 1(800)834-1924. SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924.  
Office: Community Transit Services  
302 Hospital Drive  
Corsicana, Texas 75110  
Website: [www.csicorsicana.org](http://www.csicorsicana.org)
- b. Name, address, and telephone number of the complainant.
- c. Names of person(s) who allegedly discriminated against you, if known.
- d. Date(s) of alleged discrimination.
- e. Location of alleged incident.
- f. Type of alleged discrimination.
- g. Explain what happened and how you believe you were discriminated against.
- h. Name, addresses and telephone numbers of person who may have knowledge of the event.
- i. What other information do you have that you believe is relevant to this investigation?
- j. Have you filed a complaint with CTS before? If so, include: when, where and how.
- k. Complainant's signature and date.
- l. The complaint may be emailed to [kragan@csicorsicana.org](mailto:kragan@csicorsicana.org) or mail to CTS at P.O. Box 612, Corsicana, Tx.75151-0612, or faxed to 1(903)875-3779.

**Se puede obtener un formulario de queja o se puede presentar un reclamante en una declaración escrita que contenga la siguiente información:**

a. El formulario de queja se puede recoger de nuestra oficina local, sitio web, o de los conductores de tránsito. SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924. If information is needed in another language, call (903)872-2405 o 1(800)834-1924.

Oficina: Community Transit Service  
302 Hospital Drive  
Corsicana, Texas 75110

Sitio web: [www.csicorsicana.org](http://www.csicorsicana.org)

- b. Nombre, dirección y número de teléfono del reclamante.
- c. Nombres de la (s) persona (s) que supuestamente discriminaron en su contra, si se conocen.
- d. Fecha (s) de presunta discriminación.
- e. Ubicación del presunto incidente.
- f. Tipo de supuesta discriminación.
- g. Explique qué sucedió y cómo cree que fue discriminado.
- h. Nombre, direcciones y números de teléfono de la persona que puede tener conocimiento del evento.
- i. ¿Qué otra información usted tiene que usted cree es relevante a esta investigación?
- j. ¿Ha presentado una queja ante CTS antes? Si es así, incluya: cuándo, dónde y cómo.
- k. Firma y fecha del reclamante.
- l. La queja puede ser enviada por correo electrónico a [kragan@csicorsicana.org](mailto:kragan@csicorsicana.org) o por correo a CTS en P.O. Box 612, Corsicana, Tx.75151-0612, o por fax al 1 (903) 875-3779.

## **What Happens To My Complaint?**

The agency will notify their PTC (Public Transportation Coordinator) by email or fax of any Title VI-related complaints received within 10 working days of the receipt of the complaint, including a paper or electronic copy of the complaint form.

The Title VI Coordinator will contact the complainant in writing no later than fifteen (15) working days after receipt of the complaint for additional information, if needed to investigate the complaint. If the complainant fails to provide the requested information in a timely basis, the Title VI Coordinator may administratively close the complaint.

The Executive Director and the Title VI Coordinator will complete the investigation within thirty calendar (30) days of receipt of the complaint. A written investigation report will be prepared by the investigator and will be kept confidential. The report shall include a summary description of the incident, findings, and recommendations. A written report will be provided to the complainant on the incident and findings.

If the matter cannot be resolved, then the complainant can make an appeal request within sixty (60) days after the report on the incident and findings is issued. The written appeal must include the complainant's name, address, and telephone contact number. A statement of reason(s) why the complainant believes the denial of accommodation request or access to public transportation was inappropriate is recommended. If the matter cannot be resolved, it may be taken to the CTS Board for an appeal and if the matter cannot be resolved the complainant will be informed of his/her right to appeal to:

Federal Transit Administration-Office of Civil Rights  
Attention: Title VI Program Coordinator,  
East Building, 5<sup>th</sup> Floor- TCR  
1200 New Jersey Ave., SE. Washington, DC 20590

**Exhibit B**

**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 following information is necessary to assist in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Coordinator. If information is needed in another language, call (903)872-2405 or 1(800)834-1924. **SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924.** Complete and return this form to: Community Transit Service, Title VI Coordinator, P.O. Box 612, Corsicana, Texas 75151-0612. You may also fax a complaint form to 1(903)875-3779 or scan and e-mail to [kragan@csicorsicana.org](mailto:kragan@csicorsicana.org).

1. Complainant’s Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone Number (Home): \_\_\_\_\_

(Alt): \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Which of the following best describes the reason you believe the discrimination took place:

Were you discriminated against because of: (check one)

a. Race: Yes \_\_\_\_ No \_\_\_\_

b. Color: Yes \_\_\_\_ No \_\_\_\_

b. National Origin: Yes \_\_\_\_ No \_\_\_\_

7. What date and time did the alleged discrimination take place?

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

8. Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. Please use the back of this form if additional space is required:

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9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list agency/ agencies and contact information below

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

a. Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

b. Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. I affirm that I have read the above charge and it is true to the best of my knowledge.

Print Name of Complainant: \_\_\_\_\_

Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Exposición B

### Formulario De Quejas Title VI

Community Transit Service centra sus esfuerzos en garantizar que nadie sea excluido de la participación en sus servicios ni que se nieguen los beneficios de estos, con base en raza, color u origen nacional, en conformidad con las disposiciones del Title VI de la Ley de Derechos Civiles de 1964 y enmiendas. Las quejas bajo el Title VI deben presentarse en el transcurso de 180 días a partir de qué ocurre la discriminación supuesta.

La información siguiente es necesaria para ayudarnos en el procesamiento de su queja. Si requiere ayuda para llenar este formulario, le agradeceremos que se dirija al Title VI Coordinator, al teléfono (903) 872-0561. **SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903)872-2405 o 1(800)834-1924. If information is needed in another language, call (903)872-2405 or 1(800)834-1924.**

El formulario completo debe devolverse al Title VI Coordinator, Community Transit Service P.O. Box 612, Corsicana, Texas 75151-0612. También puede enviar por fax un formulario de queja a (903) 872-0561 o exploración y correo electrónico a [kragan@csicorsicana.org](mailto:kragan@csicorsicana.org).

1. Su nombre: \_\_\_\_\_

2. Dirección: \_\_\_\_\_

3. Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

4. Teléfono (Casa): \_\_\_\_\_ (Segundo): \_\_\_\_\_

5. Persona discriminada (si alguien que no sea el demandante):

El Nombre: \_\_\_\_\_ Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

6. ¿Cuál de los siguientes mejor describe la razón por la supuesta discriminación

Marque Uno:

a. Raza: Sí \_\_\_ No \_\_\_

b. Color: Sí \_\_\_ No \_\_\_

c. Nacionalidad: Sí \_\_\_ No \_\_\_

7. ¿En qué fecha se hizo la supuesta discriminación ocurren?

Fecha del incidente: \_\_\_\_\_ Hora del incidente: \_\_\_\_\_

8. Por favor, describa el supuesto incidente de discriminación. Proporcione los nombres y títulos de todos los empleados de Community Transit Service involucrados, si cuenta con la información. Explique lo sucedido; quien considera que fue responsable; y otra información específica pertinente. (Por favor, use el reverso de este formulario si requiere espacio adicional.)

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9. Ha presentado alguna queja ante otra agencia federal, estatal o local con respecto a este incidente?

(Marque Uno) SI \_\_\_ No \_\_\_

10. Si la respuesta es afirmativa, por favor, a continuación enumere la agencia o agencias y la información de contacto:

Agencia: \_\_\_\_\_ Número de contacto: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_ Código Postal: \_\_\_\_\_

11. Confirmo que he leído el cargo que se indica arriba y que es verdadero hasta donde tengo conocimiento.

Firma del declarante: \_\_\_\_\_ Fecha: \_\_\_\_\_

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ie o escriba en letra de imprenta el nombre del declarante

**Fecha de Recepcion:** \_\_\_\_\_

**Recibido por:** \_\_\_\_\_



**Community Transit Service**

**Policy on Public Participation and Comment**

**Public Participation Plan**

**Date Approved by Transit Board**

**June 20, 2023**

**A. Introduction and Policy Statement**

Community Transit Service is committed to providing an open and visible decision-making process to which Ellis/Navarro County residents has equal access. It is the policy of the Community Transit Service to actively solicit the involvement of citizens in the public decision-making process, through public notification, media exposure, neighborhood meeting, and public hearings.

Further, it is the policy of the Community Transit Service to offer early and continuous opportunities for the public to be involved in the identification of social, economic, and environmental impacts of proposed transportation decisions. This includes seeking out and considering the viewpoints of minority, low-income, and limited English proficiency (LEP) populations (as well as older adults and people with limited mobility) in the course of conducting public outreach activities, consistent with Federal Transit Administration (FTA) Circular 4702.1B (“Title VI Requirements and Guidelines for Federal Transit Administration Recipients”).

**B. Public Participation/Engagement Plan**

**Goal**

The goal of the Public Engagement Plan is to have significant and ongoing public involvement, by all identified audiences, in the public participation process for major agency outreach efforts.

**Objectives – Applicable to FTA C 4702.1B**

- To understand the service area demographics and determine what non-English languages and other cultural barriers exist to public participation.
- To provide general notification of meetings and forums for public input, in a manner that is understandable to all populations in the area.
- To hold public meetings in locations that are accessible to all area stakeholders, including but not limited to minority and low-income members of the community.
- To provide methods for two-way communication and information and input from populations which are less likely to attend meetings.