

## City of Bismarck

### TITLE VI/ADA COMPLAINT PROCEDURE

This procedure outlines the Title VI and ADA complaint procedures related to providing programs, services, and benefits. It does not deny the complainant the right to file formal complaints with the North Dakota Department of Transportation (NDDOT), Federal Highway Administration (FHWA), Federal Transit Administration (FTA), or to seek private counsel for complaints alleging discrimination, intimidation, or retaliation of any kind that is prohibited by law.

Title VI of the Civil Rights Act of 1964 and Titles II and III of the Americans with Disabilities Act of 1990 requires that no person in the United States shall, on the grounds of disability, 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 City of Bismarck. Complaints must be filed within 180 calendar days of the alleged incident.

The complainant may download the complaint form from the CITY OF BISMARCK website (<https://www.bismarcknd.gov/1413/Title-VI>) or request the complaint form from the Title VI Coordinator.

The complaint will include the following information:

- a. Name, address, and telephone number of the complainant.
- b. The basis of the complaint i.e., race, color, national origin, sex, elderly or disabled.
- c. The date or dates on which the alleged discriminatory event or events occurred.
- d. The nature of the incident that led the complainant to feel discrimination was a factor.
- e. Names, addresses, and telephone numbers of persons who may have knowledge of the event.
- f. Other agencies or courts where complaint may have been filed and a contact name.
- g. Complainant's signature and date.
- h. If the complainant is unable to write a complaint, City of Bismarck staff will assist the complainant.
- i. The complaint may be mailed or faxed to the following address: City of Bismarck, 221 N. Fifth St, Bismarck, ND 58506 or (701) 222-6470 (Fax)
- j. The complaint may be sent via email to: [lschmidt@bismarcknd.gov](mailto:lschmidt@bismarcknd.gov)

The complainant also has the right to file a Title VI or ADA claim with the US Department of Transportation, Federal Transit Administration, Office of Civil Rights, Region IV. 230 Peachtree, NW, Suite 800, Atlanta, GA 30303, within the 180-day time-frame.

City of Bismarck will begin an investigation and will contact the complainant in writing no later than fifteen (15) working days after receipt of Title VI complaint or five (5) days after receipt of ADA complaint. The complainant will be notified within 30 days if additional information is required to investigate the complaint. If the complainant fails to provide the requested information in a timely basis, City of Bismarck may administratively close the complaint.

City of Bismarck will use its best effort to complete the investigation of Title VI and ADA complaints within sixty (60) calendar days of receipt of the complaint. A written investigation report will be prepared by the investigator and sent to the complainant filing the complaint. The report shall include a summary description of the incident, findings, and recommendations for disposition.

City of Bismarck will process and investigate all complaints that meet the requirements of Title VI or ADA discrimination. If the complainant fails to provide required information within the required time-frame, the complaint may be closed.

### TITLE VI/ADA COMPLAINT FORM

City of Bismarck, ND 08/2022

Name		Telephone Number	
Address	City	State	ZIP Code
Name of Person(s) That Discriminated Against You		Position (if known)	
Date of Incident	Location of Incident		
Address (if known)	City	State	ZIP Code
Reason for Discrimination			
<input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation <input type="checkbox"/> Other, specify:			
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also, attach any written material pertaining to your case.			
Signature		Date	