**TITLE VI COMPLAINT PROCEDURES**

**Denver Regional Council of Governments Title VI Complaint Procedures**

The Denver Regional Council of Governments (“DRCOG”) follows Title VI of the Civil Rights Act of 1964, a non-discrimination policy in which no person 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 federally funded program activity.

Herein follows the DRCOG complaint procedure to assist anyone who believes he/she has been negatively impacted.

DRCOG’s Title VI Coordinator (“Coordinator”) is available to review any concerns about potential violations.

In order to file a formal Title VI complaint against DRCOG or a recipient of Federal funds from DRCOG, the following steps need to be followed:

1. The complainant will contact the Coordinator. If a complaint is received by any other DRCOG staff member, that staff member will refer the complaint to the Coordinator.

2. The Coordinator will conduct an initial determination of the sufficiency of the complaint to be a potential violation of Title VI.

3. If it is determined that the complaint does not meet the basic criteria to be a violation of Title VI, then a determination will be made on whether the issue can be informally resolved or administratively closed. That determination will be communicated to the complainant.

4. If it is determined that the complaint meets the basic criteria of a potential violation of Title VI, then an investigation will be conducted by an investigator. The investigation will be completed within 60 days from the date it is determined the complaint is sufficient. A formal notice will be sent to the complainant.

5. The level and method of investigation will be determined on a case by case basis and is at the discretion of the investigator. A final report of findings from the investigation will be prepared by the investigator. A final notice of findings will be sent to the complainant by DRCOG. If the investigation is conducted by a Regional Civil Rights Specialist, a copy of the report and final notice of findings will be sent to the Coordinator. The final notice will include the process for filing an appeal of the decision.

6. A complainant may appeal a decision by submitting a request in writing within 30 days of the final notice. The request should include information detailing why the complainant believes the decision was made in error. The complainant will be given information on how to appeal this decision directly with the state or federal funding agency in the final notice.
How to File a Complaint

If you believe that you and/or any person(s) under your care have been discriminated against by any organization that receives funds from DRCOG for any of its programs, services, facilities or activities, please complete a discrimination complaint form as found attached. Please provide:

1. Your full name, address, and telephone number, and the name of the person who you believe has discriminated against you;

2. The name of the organization that you believe has discriminated, its address and telephone number, and any other identifying information;

3. A description of the actions that you believe were discriminatory (dates of actions, names of those who you believe discriminated, and witnesses);

4. Any other information that you believe necessary to support your complaint. Please send copies of relevant documents, and keep originals.

To file with DRCOG:

Denver Regional Council of Governments
Contracts Department
Title VI Coordinator
1290 Broadway, Suite 100
Denver, CO 80203

The following resources are available:

1. Colorado Department of Transportation
   Civil Rights & Business Resource Center
   4201 E. Arkansas Ave., Ste. 150
   Denver, CO 80220
   (303) 757-9234 or (800) 925-3427
   Fax: (303) 952-7088

2. Colorado Civil Rights Division
   1560 Broadway
   Lobby Level Welcome Center
   Denver, CO 80202
   Email: ccrd@dora.state.co.us
   (303) 894-2997 or (800) 262-4845
   Fax: (303) 894-7830
   V/TTD - Relay: 711

3. Department of Transportation FHWA
   Civil Rights Division
   (720) 963-3021
In some cases, DRCOG must forward complaints to either the Federal Highway Administration (FHWA) or Federal Transit Administration (FTA), or the Colorado Department of Transportation (CDOT) for investigation. If your complaint is forwarded to one of these agencies, you will be provided the name and contact information of the federal employee handling your complaint.
## Title VI Complaint Form

**Section I**

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Home phone:</td>
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<tr>
<td>Work phone:</td>
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<tr>
<td>Email</td>
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<td>Accessible Requirements?</td>
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**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 you answered “no”, please state the name and relationship of the person for whom you are filing this complaint:

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Relationship:</td>
</tr>
</tbody>
</table>

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 alleged discrimination I experienced was based on (check all that apply):

<table>
<thead>
<tr>
<th>Title VI</th>
<th>Other Federal Non-Discrimination Statutes</th>
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<tbody>
<tr>
<td>[ ] Race</td>
<td>[ ] Gender</td>
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<tr>
<td>[ ] Color</td>
<td>[ ] Age</td>
</tr>
<tr>
<td>[ ] National Origin</td>
<td>[ ] Disability</td>
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</tbody>
</table>

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 you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use a separate page and attach it to this form.

Name of agency complaint is against:

Contact person:

Title:  
Phone:  
Explanation:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________