South East Area Transit System (SEATS)

Civil Rights Policy

The South East Area Transit System is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, national origin, disability, age, religion, gender, and veteran status.

SEATS is committed to providing equality of opportunity for applicants, employees, vendors and customers and; complying with all appropriate federal and state laws, rules and regulations pertaining to the treatment of all our customers.

**Rights Under Title VI**

* SEATS operate its programs and services without regard to race, color, and national origin, in accordance with Title VI of the Civil Rights Act.  Please see the Title VI notification tab above in English or Spanish for full information.
* Any person who believes he or she has been discriminated against on the basis of race, color or national origin by SEATS may file a Title VI complaint by completing and submitting the Civil Rights Complaint Form below.

**Americans with Disabilities Act (ADA)**

* The American with Disabilities Act (ADA) provides civil rights protections to individuals with disabilities, similar to the Civil Rights Act of 1964, which provided individuals with protection from discrimination on the basis of protected characteristics.   The ADA is mandated to eliminate discrimination against individuals with disabilities and ensure that services, vehicles, and facilities are accessible to and usable by individuals with disabilities.
* Anyone who believes he or she has been discriminated against on the basis of disability by SEATS may file an ADA complaint by completing and submitting the Civil Rights Complaint Form below.

**Equal Opportunity Employer**

* Equal Employment Opportunity is the law- Discrimination in employment is prohibited by the Civil Rights Act of 1964 and Executive Order No. 11246.  The GCRTA is an Equal Opportunity Employer.

**For more information on your rights, or to file a complaint, you can do the following:**

* Call (910)618-5679
* Email: sharon.robinson@coo.robesn.nc.us
* Download the Civil Rights Complaint Form and mail it to:
SEATS Director

1519 Carthage Rd. Section 6

 Lumberton, NC 28358

* Come into the SEATS Main Office located at the above address.

**If information is needed in another language, contact (910) 618-5679.**

You may also file a complaint directly with the Federal Transit Administration:

Office of Civil Rights 1200 New Jersey Ave., S.E.
Washington, D.C., 20590
888-446-4511
800-877-8339 (TTY)

South East Area Transit System (SEATS)

Civil Rights Complaint Form

(please indicate) This Is an ADA \_\_\_\_\_\_\_\_ or Title VI Complaint\_\_\_\_\_\_\_\_

SEATS is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or nation origin, disability, age, religion, gender, and veteran status. All complaints must be filed within 180 days from the date of the alleged discrimination. SEATS aims to complete investigations into all complaints received, within 90 days of receipt. In instances where additional information is needed to complete an investigation, the investigator will contact the complainant using the contact information provided. Failure of the complainant to provide contact information or any requested additional information may result in a delay in resolution, or the administrative closure of the complaint.

The following information is necessary to assist us in processing your complaint.

If you require assistance in completing this form, please contact the SEATS Director by calling (910\_ 618-5679. The completed form must be returned to: SEATS Director 1519 Carthage Rd, Section 6, Lumberton, NC 28358

**Section I:** Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Your Name: |
| Home Address: |
| City, State & Zip Code: |
| Telephone No: | Email Address: |

Accessible Format Requirements? ❑ Large Print ❑ Audio Tape ❑ Braille ❑ TDD

❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II:**

Law prohibits discrimination on the basis of the categories shown below. Check those categories, which you feel apply to the discrimination you experienced.

[ ] Age

[ ] Color

[ ] Disability

[ ] Sex

[ ] National Origin

[ ] Race

[ ] Religion

[ ] Retaliation

[ ] Sexual Harassment

[ ] Sexual Orientation

[ ] Veteran Status

**Section III:**

|  |  |
| --- | --- |
| Name of the person(s) responsible for the harm you feel you suffered:  | Job Title(s) and/or ID Number: |
| Location(s) of the occurrence(s): | Route No. and/or Bus No: |
| Date(s) and time(s) of the occurrence(s): | Direction: Eastbound or Westbound |
| Brief description of the person(s) (i.e. gender, race, height, etc…) |

**Section IV:** What type of harm or discriminatory action was taken against you?

❑ Accommodation ❑ Hostile environment ❑ Service ❑ Other If “Other,” please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section V**: Describe the harm you feel you suffered and how the person(s) you named above are responsible.

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Did anyone witness the harm or discrimination you suffered? ❑ No ❑ Yes

If “Yes,” please indicate who and what they witnessed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section VI:** What remedy would you like SEATS to consider? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section VII**: Have you filed this complaint with any other federal, state or local agency or with any federal or state court? ❑ No ❑ Yes

If yes, please provide the contact information at the agency/court where the complaint was filed.

|  |  |
| --- | --- |
| Agency: | Contact Name: |
| Address: | Telephone Number: |
| City, State & Zip Code: |

Have you previously filed a Title VI complaint with SEATS? ❑ No ❑ Yes If yes, please describe the complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach any written material or other information that you think is relevant to your complaint. I affirm that the information contained in this document is true and accurate to the best of my knowledge, information and belief.

Complainant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail this form to:

Director of Transportation

1519 Carthage Rd. Section 6

Lumberton, NC 28358