



U.S. Department of Transportation
Federal Transit Administration



McCormick County Senior Center / McCormick Area Transit **Combination Civil Rights / ADA Complaint Form**

The McCormick County Senior Center and McCormick Area Transit are proud to be a Public Transportation Provider. The Federal Transit Administration Office of Civil Rights is responsible for ensuring that providers of public transit properly implement several civil rights laws and programs, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 (ADA), the Disadvantaged Business Enterprise (DBE) program, and the External Equal Employment Opportunity (EEO) program.

In the FTA complaint investigation process, we analyze the complainant's allegations for possible deficiencies by the transit provider. If deficiencies are identified, they are presented to the transit provider and assistance is offered to correct the inadequacies within a predetermined timeframe.

Please mail your completed form to:

Director, FTA Office of Civil Rights OR
East Building, 5th Floor – TCR
1200 New Jersey Ave., SE
Washington, DC 20590

McCormick County Senior Center
Josh Bentley, Associate Director
PO Box 684
1421 South Main Street
McCormick, SC 29835
joshbentley@mcsc-mat.org
864-465-2626

888-446-4511

Note: Apart from the form, *on separate pages*, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint, including any related correspondence from your transit provider.

Important: We cannot accept your complaint without a signature, so please sign on the last page of the form after printing out.

Section I

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin
- Disability
- Not Applicable
- Other (specify)

I believe that a public transit provider has failed to comply with the following program requirements:

- Disadvantaged Business Enterprise
- External Equal Employment Opportunity
- Not Applicable
- Other (specify)

Section II

Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Home:

Cell:

E-Mail Address:

Accessible format requirements:

Large Print

Not Applicable

Other

Section III

Are you filing this complaint on your own behalf?

Yes

No

[If you answered "yes" to this question, go to Section IV.]

If not, please supply the name and relationship of the person for whom you are complaining:

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 IV

Have you previously filed a civil rights complaint with FTA? Yes No

If yes, what was your FTA Complaint Number?

Have you filed this complaint with any of the following agencies?

- Transit Provider Department of Transportation
- Department of Justice Equal Employment Opportunity Commission
- Other

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint? Yes No

If yes, please provide the case number and attach any related material.

Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.

Section V

Name of public transit provider complaint is against:

Contact person

Title

Telephone number

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes

No

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: _____

Date:

Note: We cannot accept your complaint without a signature.