



**WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS COMPLIANCE DIVISION
TITLE VI COMPLAINT PROCEDURES**

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity administered by the WV Department of Transportation (WVDOT) or its sub-recipients, consultants, and/or contractors.

These procedures do not deny the right of the complainant to file a formal complaint with other State or Federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

Every effort will be made by the Title VI Program Coordinator to obtain early resolution of complaints at the lowest level possible.

Procedures

- I. Any individual, group of individuals, or entity that believes they have been excluded from participation in, been denied the benefits of, or otherwise subjected to discrimination under any WVDOT service, program or activity, and believes the discrimination is based upon race, color, or national origin may file a complaint, or file a complaint on behalf of another, with WVDOT's Civil Rights Compliance Division (CRC). A complaint **must be filed within 180 calendar** days of the alleged discriminatory act, latest occurrence or when the act became known to the complainant. The complaint should include the following items:
 - a. Include the date when the complainant became aware of the alleged discrimination, the date on which the conduct, was discontinued or the latest instance of the conduct.
 - b. Present a detailed description of the issues, including the names and job titles of those individuals perceived as the parties involved in or contributing to the act of alleged discrimination.
 - c. The alleged act must be based upon the complainant's protected status such as race, color or national origin.
 - d. Original signed copy to be mailed to Title VI Program Coordinator at the following address:

WV Department of Transportation
Civil Rights Compliance Division
1900 Kanawha Boulevard, East
Building 5, Room 618
Charleston, West Virginia 25305
(304) 558-3931

Note: Allegations received by telephone will be reduced to writing on a complaint form and provided to the complainant for review and signature before processing.

2. Upon receipt of the complaint, the Title VI Program Coordinator will determine its jurisdiction. If it is determined that WVDOT has jurisdiction of the complaint, it will investigate and make recommendations for resolving it. Otherwise, the complaint will be forwarded to the FHWA for investigation.
3. Within ten days of receiving the written complaint, WVDOT CRC Division will acknowledge receipt of the allegations, inform the complainant of action taken or proposed action to process allegation.
4. The investigative report and a copy of the complaint will be forwarded to the FHWA within 60 days of receipt of the complaint.
5. Complaints related to employment may be filed with the following agencies:

WV Human Rights Commission
1321 Plaza East Room 108A
Charleston, WV 25301-1406
(304) 558-2616
(888)676-5546
(304)558-0085 Fax

Equal Employment Opportunity Commission
William S. Moorhead Federal Building
1000 Liberty Avenue Suite 1112
Pittsburgh, PA 15222
(800)669-4000



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
CIVIL RIGHTS COMPLIANCE DIVISION

TITLE VI
COMPLAINT FORM

If this allegation is in regards to employment discrimination, please contact one of the following agencies:

WV Human Rights Commission
1321 Plaza East Room 108A
Charleston, WV 25301-1406
(304) 558-2616
(888)676-5546
(304)558-0085 Fax

Equal Employment Opportunity Commission
William S. Moorhead Federal Building
1000 Liberty Ave. Suite 1112
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(800)669-4000

Discrimination because of? _____ Race _____ Color _____ National Origin

Complainant's Information:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Work Telephone Number: _____

Other Contact Number: _____

Person(s) discriminated against if different from above:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Work Telephone Number: _____

Other Contact Number: _____

Name of agency, department or program that you believe discriminated against you or another:

Agency or Department: _____

Name of Individual(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Work Telephone Number: _____

Other Contact Number: _____

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible (add additional sheets of paper if necessary):

Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? If so, please list in which agencies and courts you have filed this complaint:

(Signature)

(Date)

Updated September 2019