

Notice to the Public¹

The **City of Sun Prairie**'s Notice to the Public is as follows:

Notifying the Public of Rights Under Title VI

CITY OF SUN PRAIRIE

- The **City of Sun Prairie** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **City of Sun Prairie**
- For more information on the **City of Sun Prairie's** civil rights program, and the procedures to file a complaint, contact Sandy Xiong, (for hearing impaired, please use Wisconsin Relay 711 service); email sxiong@cityofsunprairie.com; or visit our administrative office at 300 E. Main Street, Sun Prairie, WI 53590. For more information, visit 608-825-1193.
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- If information is needed in another language, contact 608-825-1193.
Si se necesita informacion en otro idioma de contacto, 608-825-1193.
Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 608-825-1193.

City of Sun Prairie's Notice to the Public is posted in the following locations:

- Agency Website: <https://cityofsunprairie.com/1163/Title-VI>
- Sun Prairie City Hall, 300 E. Main Street, Sun Prairie, WI 53590, 1st floor
- Inside vehicles
- Rider Guides/Schedules
- Transit shelters and stations
- Other: _____

¹Title VI regulations require informing customers and the public of their rights under Title VI regulations by posting a Title VI public notice. The Title VI notice must include:

- A statement that the agency operates programs without regard to race, color or national origin.
- Information on how to request additional information about the agency's Title VI obligations, including information on how to file a complaint, the location of the complaint form, etc.
- Information on how to request Title VI information in another language, if required.

The Public Notice should be posted in the following locations: website, public areas of the agency's office, inside vehicles, rider guides/schedules and transit shelters/facilities.

Complaint Procedure

The **City of Sun Prairie's** Complaint Procedure is made available in the following locations:

- City of Sun Prairie Website: <https://cityofsunprairie.com/1163/Title-VI>
- Sun Prairie City Hall, 300 E. Main Street, Sun Prairie, WI 53590, 1st floor

Any person who believes they've been discriminated against on the basis of race, color, or national origin, religion, gender, disability or age by the **City of Sun Prairie** may file a complaint by completing and submitting the **City of Sun Prairie's** Complaint Form.

The Complaint Form may also be used to submit general complaints to the **City of Sun Prairie**.

The **City of Sun Prairie** investigates complaints received no more than 180 business days after the alleged incident. The **City of Sun Prairie** will process complaints that are complete.

Once the complaint is received, the **City of Sun Prairie** will review it to determine if it has jurisdiction. The complainant will receive an acknowledgement letter stating whether the complaint will be investigated by the **City of Sun Prairie**.

The **City of Sun Prairie** has 90 business days to investigate the complaint. If more information is needed to resolve the case, the **City of Sun Prairie** may contact the complainant.

The complainant has 14 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 14 business days, the **City of Sun Prairie** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued to the complainant: a closure letter or a letter of finding (LOF).

- A **closure letter** summarizes the allegations and states that there was not a Title VI/ADA violation and that the case will be closed.
- A **letter of finding (LOF)** summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, the complainant has 14 business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact, 608-825-1193.

Si se necesita información en otro idioma de contacto, 608-825-1193.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau, 608-825-1193.

City of Sun Prairie - Complaint/Comment Form

City of Sun Prairie is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at sxiong@cityofsunprairie.com or in person at the address below.

City of Sun Prairie
300 East Main Street
Sun Prairie, WI 53590

You may also call us at (608) 825-1193. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below

Compliment Suggestion Complaint Other: _____

Title VI:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
ADA/(Disability):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Age <input type="checkbox"/> Limited English Proficient

SECTION II: CONTACT INFORMATION

Name: _____

Rider ID (if applicable): _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Accessible Format Requirements: (choose preferred format(s))

Large Print TDD/Relay Audio Recording Other _____

Are you filing this complaint on your own behalf? Yes No

If you answered “yes” to this question, go to Section III.

If not, please provide 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 III: COMMENT DETAILS

Transit Service: Bus Paratransit Shared-Ride Taxi
(Choose one, as applicable)

Date of Occurrence:

Time of Occurrence:

Name/ID of Employee(s) or
Others Involved:

Vehicle ID/Route Name or
Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is unknown,
please provide other descriptive
information to help identify the
employee:

Description of Incident:

As applicable, explain as clearly as
possible what happened and why you
believe you were discriminated against.
If more space is needed, please add
additional pages.

SECTION IV: FOLLOW-UP

May we contact you if new need more details or information? Yes No
What is the best way to reach you? (choose one) Phone Email Mail
If a **phone call** is preferred, what is the best day and time to reach you? _____

SECTION V: DESIRED OUTCOME

What steps have you have taken to address the conflict or problem? _____
What type of corrective actions took place? _____
What remedy are you seeking? _____

SECTION VI: ADDITIONAL INFORMATION

Have you previously filed a complaint with this agency? Yes No
Have you filed this complaint with any other Federal, State or Local agency,
or with any Federal or State Court? Yes No
If yes, to the question above, list all agencies contacted: _____

Please provide information about a contact person at the agency/court where each complaint was filed.

Name: _____
Agency: _____
Address: _____
Phone: _____
Email: _____

Please attach any documents you have which support the allegation. Then date and sign this form and send it to
the **City of Sun Prairie**:

Complainant Signature Date Print Your Name