

Title VI Complaint Procedure

Any person who believes that he or she has been discriminated against on the basis of race, color, or national origin by the City of Beaumont's transit system (herein referred to as "BMT") may file a Title VI complaint by completing and submitting BMT's Title VI Complaint Form. The form can be found at the bottom of this document. The form can be submitted by 1) printing it, filling it out, and mailing it to Beaumont Municipal Transit, 550 Milam Street, Beaumont, 77701, or 2) emailing the completed form to willa.white@beaumonttransit.com, or 3) filing your complaint via telephone by calling (409)835-7895.

BMT will have thirty (30) days to investigate the complaint. If more information is needed in order to investigate the complaint then BMT may contact the complainant by letter with signature conformation, or via telephone. The complainant will then have ten (10) business days from the date of receipt of the letter, or the date of the phone call, in order to provide any additional requested information to the assigned investigator. If the information is not received by the end of the ten (10) business day period from the complainant, then BMT can administratively close the case. The case also may be closed if the complainant no longer wishes to pursue their case.

After the complaint has been investigated, he/she will issue one of two letters to the complainant with signature confirmation; (1) a closure letter, or (2) a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no Title VI violation and the case is to be closed. A LOF summarizes the allegations and interviews regarding the alleged incident, and explains whether or not any disciplinary action, additional training of the employee, or other action will occur. If the complainant wishes to appeal the decision, they have ten (10) days from receipt of the letter to do so.

A person may file a complaint directly with the Federal Transit Administration (FTA) at FTA Office of Civil Rights, Attention: Title VI Coordinator, 1200 New Jersey Ave., SE, Washington, D.C. 20590.

Title VI Complaint Form

Americans with Disabilities Act (ADA) Complaint Procedure

Any person who believes that he or she has been discriminated against because of their disability under the ADA by the City of Beaumont's transit system (herein referred to as "BMT") may file an ADA complaint by completing and submitting BMT's ADA Complaint Form. The form can be found at the bottom of this document. This form can be submitted in one of the three ways described above.

The same procedure as outlined above for Title VI Complaints will be followed for ADA Complaints.

ADA Complaint Form

General Complaint/Request Procedure

Any person having a complaint about the transit system which is unrelated to Title VI or the ADA may file a complaint using the General Complaint/Request Form below. These complaints would include such things as buses not operating on schedule, passengers being passed by and not picked up, bus air conditioning/heating system not working, request for a bench or shelter at a particular location, and other miscellaneous items pertaining to the operation of the buses and actions by the operators. The General Complaint/Request Form may be filled out and mailed, emailed, or the complainant may call in the complaint on the telephone as outlined above.

The same procedure as outlined above for Title VI Complaints will be followed for General Complaints and Requests.

General Complaint/Request Form

Americans with Disabilities Act (ADA) Complaint Form

1. Contact Information:

Salutation _____

Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Email Address _____

2. Accessible Format Requirements:

Large Print _____ TDD Relay _____ Audio Recording _____ Other _____

3. Incident Details:

Fixed Route Service _____ Paratransit Service _____

Date of Occurance _____ Time of Occurance _____

Name of Employee (s) and or Others Involved _____

Vehicle Number and/or Route _____

Direction of Travel _____

Location of Incident _____

Mobility Aid Used _____

If above information is unknown, then please provide other descriptive information in order to help identify the employee_____

Description of Incident or Message_____

4. Follow-Up:

May we contact you if we need more details? Yes_____No_____

What is the best way to reach you? Phone_____Email_____Mail_____

If phone call is preferred, what is the best day and time to reach you?

5. Desired Response:

Email_____Phone_____Mail_____

Title VI Complaint Form

1. Contact Information

Salutation _____

Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Email Address _____

2. Accessible Format Requirements:

Large Print _____ TDD Relay _____ Audio Recording _____ Other _____

3. Incident Details:

Fixed Route Service _____ Paratransit Service _____

Date of Occurance _____ Time of Occurance _____

Name of Employee(s) and or Others Involved _____

Vehicle Number and/Or Route _____

Direction of Travel _____

Location of
Incident _____

Mobility Aid Used _____

If above information is unknown, then please provide other descriptive information in order to help identify the employee(s) _____

Description of Incident or Message _____

4. Follow-Up:

May we contact you if we need more details? Yes _____ No _____

What is the best way to reach you? Phone _____ Email _____ Mail _____

If phone call is preferred, what is the best day and time to reach you?

5. Desired Response:

Email _____ Phone _____ Mail _____

General Complaint/Request Form

Complaint/Request Issued By:

Telephone_____Email_____Mail_____

Contact Information:

Name_____

Street Address_____

City, State, Zip Code_____

Telephone Number_____Email Address_____

Accessible Format Requirements:

Large Print_____TDD Relay_____Audio Recording_____Other_____

Incident Details:

Fixed Route Service_____Paratransit Service_____

Date/Time of Occurance_____

Name of Employee(s) and/or Others Involved_____

Vehicle Number and Route_____Direction of Travel_____

Location of Incident_____

Mobility Aid Used_____

If above information is unknown, then please provide other descriptive information in order to help identify employee(s)_____

Description of Incident or Message_____

Special Request_____

Follow-Up:

May we contact you if we need more details? Yes _____ No _____

What is the best way to reach you? Phone _____ Email _____ Mail _____

If a phone call is preferred, then what is the best day and time to reach you?

Desired Response:

Email _____ Phone _____ Mail _____

Request for Reasonable Accommodations

Application Date _____

BMT is required by Federal regulations to provide individuals with disabilities reasonable accommodations (including modifications or exception) in regards to the transit system operating policies. As an example, current policy requires that passengers are not allowed to eat or drink on the bus. However, if a passenger was a diabetic and was experiencing low blood sugar, the bus driver would let him eat in order to stabilize his blood sugar. This would constitute a reasonable accommodation. Individuals can request a reasonable accommodation by asking the bus operator on the route, by telephoning the BMT Office, or by filling out and submitting this form.

Applicant Name _____

Address (Street Number, City, State, Zip Code) _____

Applicant is (check one):

Person with Disability _____ Applying on Behalf of a Person with Disability _____

Name of Person with Disability _____

Address (Street Number, City, State, Zip Code) _____

Identify the Need for a Reasonable Accommodation _____

Requested Reasonable Accommodation _____

The Regulation, Policy, Procedure, or Practice from Which the Modification or Exception is Requested _____

Signature _____ Date _____

Appeals Process:

The applicant, or a person on whose behalf an application was filed, may appeal the written decision to deny or grant an accommodation with alterations or conditions, or denial of the accommodation, no later than thirty (30) calendar days from the date the decision is mailed. The appeal should be in written form describing in detail why the applicant thinks the accommodation request should be approved. It should be mailed to BMT General Manager, 550 Milam Street, Beaumont, Texas 77701. A written answer to the appeal will be mailed to the applicant within ten (10) business days after receipt of the appeal.

For BMT Use Only

Approved _____ Denied _____

Staff Name _____ Staff Title _____

Signature _____ Date _____