

# Title VI Public Notice

HopeWest hereby gives public notice of its policy to uphold and assure full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, and all related statutes. Title VI and related statutes prohibiting discrimination in Federally-assisted programs require that no person in the United States of America shall on the grounds of race, color, or national origin, sex, age, or disability be excluded from the participation in, be denied the benefits of, or be otherwise subjected to, discrimination under any program or activity receiving Federal financial assistance.

HopeWest is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B.

Any person who feels they are being denied participation in or being denied benefits of the transit services provided by HopeWest, or otherwise been discriminated against because of race, color, national origin, age, disability, or sex has the right to file a formal complaint. Any such complaint must be in writing and submitted to the HopeWest Compliance Officer within one hundred eighty, (180) days following the date of the alleged occurrence. For more information regarding civil rights complaints, please contact:

Compliance Officer  
HopeWest  
3090 N 12<sup>th</sup> St, Unit B  
Grand Junction, CO 81506  
970.241.2212

To file a complaint, please print and mail ([this form](#)) to the address above.

## HOPEWEST TITLE VI COMPLAINT FORM

### Section 1

NAME:	
ADDRESS:	
TELEPHONE/PREFERRED:	TELEPHONE/OTHER:
E-MAIL ADDRESS:	
ACCESSIBLE FORMAT REQUIREMENTS? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other:	

### Section 2

ARE YOU FILING THIS COMPLAINT ON YOUR OWN BEHALF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered no, what is the name of the person for whom you are complaining and what is your relationship to that person?	
NAME:	RELATIONSHIP:
PLEASE CONFIRM THAT YOU HAVE OBTAINED THE PERMISSION OF THAT PERSON IF YOU ARE FILING ON BEHALF OF A THIRD PARTY. <input type="checkbox"/> Yes, I have their permission <input type="checkbox"/> No	

### Section 3

I BELIEVE THE DISCRIMINATION I EXPERIENCED WAS BASED ON: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin
DATE OF ALLEGED DISCRIMINATION: (Month/Day/Year)
PLEASE DESCRIBE YOUR COMPLAINT. USE SPECIFIC DETAILS SUCH AS NAMES, DATES, TIMES, WITNESSES OR OTHER PEOPLE INVOLVED, AND ANY OTHER INFORMATION THAT WOULD ASSIST US IN OUR INVESTIGATION OF YOUR COMPLAINT. USE AN ADDITIONAL PAGE IF NEEDED.

Section 4

HAVE YOU PREVIOUSLY FILED A TITLE VI COMPLAINT WITH HOPEWEST?	YES	NO
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Section 5

HAVE YOU EVER FILED THIS COMPLAINT WITH ANY OTHER STATE OR FEDERAL AGENCIES OR WITH ANY COURT?	YES	NO
IF YES, CHECK ALL THAT APPLY AND PROVIDE DETAILS OF WHICH AGENCY AND WHEN: <input type="checkbox"/> Federal Transit Authority <input type="checkbox"/> Other state or federal agency <input type="checkbox"/> Local agency <input type="checkbox"/> Court		
CONTACT PERSON YOU HAVE USED IN FILING WITH ANOTHER AGENCY: (Name/Phone #)		

You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Please print and deliver in person or via mail to:

HopeWest  
ATTN: Compliance Officer/Title VI  
3090 N 12<sup>th</sup> St, Unit B  
Grand Junction, CO 81506  
970-241-2212