



Houston-Galveston
Area Council

第VI标题的投诉程序

2018年10月

THE HOUSTON-GALVESTON METROPOLITAN PLANNING AREA



1. 简介

休斯敦-加尔维斯顿区域委员会（H-GAC）是联邦政府为休斯顿大都市区指定的大都市区规划组织（MPO）。作为联邦财政援助的受助者，MPO 必须遵守 1964 年《民权法案》第六篇及其他相关反歧视法规的义务。第六篇规定：“不得以种族、肤色或国籍为由，将任何人排除在任何接受联邦财政援助的计划或活动之外，或拒绝其享受此类计划或活动所带来的好处，或在其中受到歧视。”这些禁令的适用范围已从作为联邦财政援助项目直接受助者的 H-GAC 延伸到它的成员地方政府、次级受助者和承包商。任何部分或完全由联邦财政援助的计划均受此第六篇的约束。此外，第六篇的反歧视禁令适用于接受任何联邦援助的机构的每一个计划，无论各个计划的资金来源于何处。

2. 提起第六篇投诉

任何个人、团体或实体如认为其受到第六篇所禁止的歧视行为，均可向H-GAC第六篇协调员提起书面投诉。必须通过H-GAC的第六篇投诉表提交投诉。本文末尾提供了空白的投诉表，也可从H-GAC网站www.h-gac.com下载。

3. 一般指导原则

(a) 投诉提交时间

歧视投诉必须在所指控的歧视事件发生或被发现后的180个日历日内提交，或者在歧视行为持续的情况下，在此类行为中断后的180个日历日内提交。提起投诉意味着将书面投诉提交给H-GAC第六篇协调员。提起投诉的日期是您将填妥并签署的投诉表邮寄或亲自送到H-GAC办公室的日期。在指控的歧视事件发生180日后所收到的投诉将不予处理，并将退回给投诉人，因为这是在截止日期之后提交的。

(b) 投诉提交地址

必须通过以下方式邮寄或亲自送达投诉表：

邮寄地址：

Title VI Coordinator
Houston-Galveston Area Council
P.O. Box 22777
Houston, Texas 77227-2777

亲自送达地址：

Title VI Coordinator
Houston-Galveston Area Council
3555 Timmons Lane, Suite 120
Houston, Texas 77027

(c) 其他投诉表送达方法

(1) 电子送达

对于以传真或电子邮件方式收到的投诉表，将在确定投诉人的身份及处理投诉的意向后确认已收到投诉。

- i. 以传真或电子邮件方式发送的投诉表必须由投诉人签字，H-GAC才能处理该投诉。

(2) 电话送达

通过电话收到的歧视指控投诉将进行书面记录，信息将在文件中存档至截止日期。

- i. 将向投诉人发送一份投诉表，供其填写完整、签字并返回给H-GAC，投诉才会被正式裁定。

如果投诉人由于残疾或英语水平有限而无法以书面形式填写该表格，可根据请求提供合理的便利，确保合法的投诉得以提交和处理。

(d) 投诉的必备要素

H-GAC只处理完整的投诉。投诉中必须包含以下信息：

- (1) 投诉人的姓名、地址和联系电话；
- (2) 投诉人的签名；
- (3) 所指控的歧视行为的发生日期，如果是连续的歧视行为，则为该行为中断的日期或最近的此类行为实例；
- (4) 详细的问题描述，包括参与所报告歧视事件的个人的姓名和职位。

(e) 投诉记录

H-GAC 将记录已收到的所有投诉。记录中的相关信息将包括：

- (1) 提起投诉的时间、投诉人和投诉对象。
- (2) 所指控的投诉行为的描述。
- (3) 调查发现。
- (4) 最终决议。

投诉审查流程

下面介绍H-GAC收到第六篇歧视投诉后的处理流程。

(a) 验证管辖权

- (1) 收到投诉后，第六篇协调员应执行初步审查，确定H-GAC是否具有适当的管辖权，投诉是否提出了可予受理的事项，以及在对案情进行调查前是否需要额外的信息。
- (2) 如对H-GAC的次级受助者或承包商进行投诉，则第六篇协调员应承担管辖责任，调查并裁决该案件，但必须遵守下文第（3）款的规定。
- (3) 收到的针对H-GAC、其次级受助者或承包商的投诉可由H-GAC第六篇协调员进行调查，或酌情提交得克萨斯交通部（TXDOT）、联邦公路管理局（FHWA）或联邦交通运输局（FTA）根据其程序进行处理。

(b) 适当性审查

投诉必须满足以下条件：

- (1) 投诉必须在所指控的歧视事件发生后的180个日历日内提起，或在投诉人知道所指控的歧视后（如果持续发生歧视事件，则为该事件中断后）的180个日历日内提起。
- (2) 指控必须与涉及投诉人的种族、肤色或国籍的基础法规具有直接关系。
- (3) 指控必须涉及休斯敦-加尔维斯顿区域委员会、其次级受助者或承包商的某个计划或活动。

投诉人必须愿意接受H-GAC对指控的审查和裁定。

(c) 不受理投诉

下列原因会导致我们不受理投诉且不采取任何行动：

- (1) 投诉未涉及可予裁决的第六篇事项。
- (2) 投诉人撤销投诉。
- (3) 投诉人未满足提供适当处理投诉所需之额外信息的要求。
- (4) 合理地尝试联系投诉人后仍无法联系投诉人。

(d) 发给投诉人的初始书面通知

H-GAC将在收到投诉后的10个工作日内以书面形式通知投诉人，表明其是否已确定该事项不属于第六篇或H-GAC管辖范围，或者已确定该事项在第六篇和H-GAC的管辖范围内并将由第六篇协调员处理。

(e) 调查投诉

第六篇协调员将调查这些指控，问询投诉中确定的有关部门、次级受助者或承包商，重点关注以下方面：

- (1) 所指控的不平等待遇的缘由和真实性。
- (2) 不平等待遇发生的时间和地点。
- (3) 确认并问询所有相关证人。
- (4) 收集并审查所有相关文件、记录和可合理获取的证词。
- (5) 评估该指控的可信度并审议合适的解决方案。

H-GAC第六篇协调员应将所有与调查相关的讨论和文件记录保存在机密文件中。完成调查后，第六篇协调员应编写一份报告，概述调查结果，并就该事项提出一项决议，包括任何适当的纠正措施。除非是情有可原的情况，否则第六篇协调员应在收到正式投诉后的60日内完成调查，之后调查报告、得出的结论和推荐的决议将提交H-GAC执行董事进行审查。

(f) 通知决定

H-GAC执行董事应接受、拒绝或修改所得出的结论和/或推荐的决议，并将报告返回给第六篇协调员，以便采取进一步行动。有关决定的书面通知将于执行董事收到报告后的30日内提供给投诉人。

(g) 上诉和终审判决

投诉人可以自收到H-GAC书面决定之日起30日内提起复议上诉。在提起上诉的同时，必须以书面形式向第六篇协调员提供新信息。收到上诉后，第六篇协调员和H-GAC执行董事应有30天时间重申、推翻或修改其原来的决定，并向投诉人提供本决议的书面通知。如投诉人在收到决定后的30日内未提起上诉，该决定将成为最终决定，且不能选择继续上诉。



HOUSTON-GALVESTON AREA COUNCIL

COMPLAINT NO. _____

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of **race, color, or national origin**, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for H-GAC, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information H-GAC provides.

H-GAC works to ensure nondiscriminatory transportation in support of our mission to be the Gulf Coast Region leader in providing effective, coordinated and integrated multimodal transportation solutions to enhance the social and economic quality of life for all Gulf Coast Region citizens. H-GAC's Contract Compliance Program Office is responsible for Civil Rights Compliance and Monitoring to ensure non-discriminatory provision of transit services and programs.

NAME:	HOME NO.:
EMAIL ADDRESS:	WORK NO.:
MAILING ADDRESS:	CITY:
	STATE: ZIP:
Please indicate the basis of your complaint:	
<input type="checkbox"/> Race _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Gender _____ <input type="checkbox"/> Disability _____	
Date and place of alleged discriminatory action(s). _____ (Please include the earliest date of discrimination and the most recent date of discrimination.)	
Name(s)/Position title(s) of the person(s) who allegedly subjected you to Title VI discrimination:	
How were you discriminated against? Please describe the nature of the action, decision, or conditions of the alleged discrimination. Be as clear as possible in your description of what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (You can attach additional pages, if necessary.)	

The law prohibits intimidation or retaliation against anyone because s/he has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary.)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

U.S. Department of Transportation _____

Federal Highway Administration _____

Federal Transit Administration _____

Office of Federal Contract Compliance _____

U.S. Equal Employment Opportunity Commission _____

U.S. Department of Justice _____

Other: _____

Have you discussed the complaint with any H-GAC representative? If yes, provide the name, position, and date of discussion.

What remedy or action are you seeking for the alleged discrimination?

Please provide any additional information, documents, photographs, etc., if applicable, that you believe will assist in an investigation.

Sign and date the complaint below. *We are unable to consider unsigned complaints.*

Complainant's Signature _____ Date _____

FOR OFFICE USE ONLY

Date complaint received: _____	Case #: _____
Processed by: _____	Date Referred: _____

Referred to: USDOT FHWA FTA OFCCP Other: _____

Continuation Sheet: