

Complaint Procedure

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

- ✓ Agency website: <https://hudsonwi.gov/723/Hudson-Public-Transit>
 - ✓ Agency office: 505 3rd Street, Hudson, WI 54016-1694
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Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by the **City of Hudson** may file a complaint by completing and submitting the **City of Hudson's** Complaint Form.

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

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

Once the complaint is received, the **City of Hudson** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, the **City of Hudson** will follow the steps listed in this complaint procedure. The **City of Hudson** may also use this formal procedure to address general complaints. If the **City of Hudson** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by the **City of Hudson** as a civil rights complaint.

The **City of Hudson** has **60** business days to investigate the civil rights complaint. If more information is needed to resolve the case, the **City of Hudson** may contact the complainant.

The complainant has **15** 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 **15** business days, the **City of Hudson** 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 or 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 **15** business days after the date of the closure 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 1-800-874-9426.

Si se necesita informacion en otro idioma de contacto, 1-800-874-9426.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 1-800-874-9426.

Complaint/Comment Form

We want your feedback. If you would like to submit a complaint or comment, please complete this form, and submit it via email to Mike Johnson, Interim City Administrator, title.vi.complaint@hudsonwi.gov or in person at the address below.

City of Hudson

505 3rd Street
Hudson, WI 54016

You may also call us at 715-716-5748. Please make sure to provide your contact information in order to receive a response.

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Section B: Contact Information

Name	Telephone Number (including area code)
Address	City
State	Zip Code

Email Address

Are you filing this complaint on your own behalf?

Yes

No

If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

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 C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Transportation Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?			
What was the time of the occurrence?			
What is the name or identification of the employee or employees involved?			
What is the name or identification of others involved, if applicable?			
What was the number or name of the route you were on, if applicable?			
What was the direction or destination you were headed to when the incident occurred, if applicable?			
Where was the location of the occurrence?			
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.			

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Section E: Follow-up

May we contact you if we need more details or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, how would you best liked to be reached? Please select your preferred form of contact below

<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
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If you would prefer to be contacted by phone, please list the best day and time to reach you.

Preferred time	Preferred day
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Have you filed a complaint with any other federal, state, or local agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, list agencies and contact information (agency name, address, email, phone).

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Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

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Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the City of Hudson at the above listed address.

Name	Date:
Signature	