



County of Fairfax, Virginia

Title VI Information and Instructions for Allegations of Discrimination

Title VI of the Civil Rights Act of 1964 prohibits discrimination against an individual or group, intentional or unintentional, on the basis of race, color, and national origin in any program or activity receiving federal assistance, including Fairfax Connector and Fairfax County Department of Transportation's transit operations and activities.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Fairfax Connector or Fairfax County Department of Transportation may file a Title VI complaint by completing and submitting the "Fairfax Connector" complaint form available on Fairfax County's Office of Human Rights and Equity Programs (OHREP) website at the following URL:

<http://www.fairfaxcounty.gov/ohrep/epd/>

A complaint form can also be obtained by writing the Office of Human Rights and Equity Programs, Equity Programs Division, 12000 Government Center Parkway, Fairfax, Virginia 22035 or by calling 703-324-2953, TTY 711, Fax: 703-324-3570.

Fairfax County investigates complaints received no more than 180 days after the alleged incident. Fairfax County can only process complaints that provide sufficient information to begin an investigation.

Within 48 hours of receiving a complaint, the Fairfax County Office of Human Rights and Equity Programs staff will contact the complainant and elicit all pertinent information with regard to the alleged discriminatory act(s) from the individual via an intake form. The complainant is required to cooperate with the intake process. Within 48 hours of completing an intake form, OHREP staff will use the information in the form to determine whether or not the complainant may establish a prima facie, or a clear case of possible discrimination.

If OHREP determines that there is a prima facie case of discrimination, an investigation will be initiated. Investigations may include, but shall not be limited to, on-site visits, interviews of witnesses and collection of documents. The accused party(ies) in the allegation(s) of discrimination will be interviewed and provided an opportunity to rebut the allegations and provide relevant information for investigation. Additionally, witnesses will be interviewed as deemed necessary. After an investigation is initiated all information obtained is confidential. Within seven work days of the initiation of an investigation all of the investigation documentation for the case must be completed. If additional time is necessary to prepare the documentation requested, the staff responsible for the investigation will request an extension from OHREP leadership.

After the completion of the investigation a report will be produced, and OHREP staff will submit a final recommendation to the OHREP Executive Director. The OHREP Executive Director will review the investigative file and make a final determination. OHREP will inform the complainant whether the allegations of discrimination were substantiated. Upon completion of the investigation and notification of the parties in the complaint, the file will be closed. All documentation, including audio tapes (if applicable), will be kept in the complaint file.

If OHREP determines that a prima facie case of discrimination has not occurred, no investigation will be initiated. However, OHREP's findings in the matter will be documented in a report. OHREP's findings fall under the purview of the Equity Programs Division and there is no right of appeal.

If probable cause is determined or misconduct by an employee is identified, OHREP will instruct FCDOT to consult with the Fairfax County Department of Human Resources regarding disciplinary action. If in the course of the investigation, the investigator has reason to believe that a criminal act or violation of law may have occurred, OHREP will contact the Fairfax County Police Department for appropriate action.

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.



County of Fairfax, Virginia

Complaint Form for Allegations of Discrimination

Fairfax County has two complaint procedures providing for prompt resolution of complaints by individuals alleging discrimination prohibited by Federal, State and local law or policy in the provision of services,

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.

Programs.

To contact the Fairfax County Office of Human Rights and Equity Programs call 703-324-2953, TTY 711 on any Fairfax County workday between the hours of 8:00 a.m. and 4:30 p.m., or email EPDEmailComplaints@FairfaxCounty.gov.

INSTRUCTIONS: Complaints should be filed in writing within 60 workdays (180 calendar days for transit related complaints) from the day the alleged discriminatory act took place. The term "workday" shall mean any Monday through Friday that is not a county holiday. An investigation will follow the filing of the complaint.

This form should be used in conjunction with the Fairfax County Policy and Procedure for Individuals Alleging Discrimination in County Programs and Services.

Person Filing Complaint

Name:

Telephone No.:

Home:

Work:

Mobile:

Best time to call:

E-mail:

Address:

Street:

City:

State:

Zip Code:

Person and Department Alleged to have Discriminated:

Name:

Department:

Street:

City:

State:

Zip Code:

Phone:

Basis(es) of Discrimination (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Veteran's Status _____ | <input type="checkbox"/> Political Affiliation _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Retaliation _____ | <input type="checkbox"/> Age – Date of Birth: _____ |
| <input type="checkbox"/> National Origin _____ | <input type="checkbox"/> Sex or Gender Other: _____ | |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Sexual Harassment _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Creed _____ | <input type="checkbox"/> Marital Status _____ | <input type="checkbox"/> Other: _____ |

Date(s) Discrimination Occurred: _____

Summary of Complaint: (attach additional pages if necessary)

Action Requested:

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information or belief.

Signature of Complainant

____/____/_____
Date



This form will be made available in an alternative format upon request. Direct your request to the Equity Programs Division of the Office of Human Rights and Equity Programs, 12000 Government Center Parkway, Suite 318, Fairfax, VA 22035; 703-324-2953, TTY 711 or 703-324-3305 (Fax).