

Attachment IV - NOTICE TO THE PUBLIC

NOTICE TO THE PUBLIC

AMTRAN Procedures for Tracking and Investigating Title VI Complaints

Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color, or national origin in programs and services funded, in whole or part, by financial assistance from the United States Government.

All services and programs operated or sponsored by AMTRAN, 3301 Fifth Avenue, Altoona, 16602 are subject to the requirements and obligations of Title VI. It is the intention of AMTRAN to fully comply with Title VI.

Persons who believe that they have experienced or witnessed any act or inaction, intentional or otherwise, in any program, service, or activity operated by or sponsored by AMTRAN that results in or may result in disparate treatment or impact, or perpetuates the effects of prior discrimination on the basis of race, color, or national origin may file a written complaint with AMTRAN or the U.S. Federal Transit Administration.

Complaints must be mailed within 180 days of any alleged discrimination. Complaints should be mailed to:

AMTRAN
c/o Josh A. Baker
Director of Staff & Customer Services
3301 Fifth Avenue
Altoona, PA 16602
Phone (814) 944-4074
Fax (814) 941-2733

It shall be the responsibility of the Director of Staff & Customer Services, or his designee, to track, investigate and document Title VI complaints.

How to File a Complaint to AMTRAN

A person with a Title VI or other complaint may submit the complaint to AMTRAN using the following procedures:

1. A complaint submitted in writing must include the person's name and contact information, the date of the incidence, description and the identity of the person or department or service that caused the complaint. Complaints may be sent via mail, fax, or hand delivered.

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2. A complaint may be taken verbally and must include the person's name and contact information, the date of the incidence, description and the identity of the person, department or service that caused the complaint.
3. Persons with a complaint may request a neutral third party to hear a verbal complaint or assist with a written complaint. The selection of the neutral third party shall be made cooperatively between AMTRAN and the person filing the complaint.
4. All complaints shall be addressed to AMTRAN's Director of Staff & Customer Services.

AMTRAN Complaint Procedure

1. The person filing a complaint on the basis of discrimination based on race, color, or national origin will be informed that the complaint may be either filed directly with the FTA or with AMTRAN. The contact information for the FTA will be provided should the person opt to file directly with FTA. AMTRAN's Director of Staff & Customer Services shall be responsible for follow up and monitoring FTA action.
2. If the person opts to file the complaint with AMTRAN, the complaint will be directed by the Director of Staff & Customer Services to the appropriate department manager for a fact-finding review. The manager will prepare a written response to the complaint and submit it to the AMTRAN Director of Staff & Customer Services.
3. If the complaint is valid and supported by facts, the Director of Staff & Customer Services will order corrective action be taken.
4. The person who filed the complaint will be consulted as to the adequacy of the proposed remedy. If acceptable, the matter is concluded.
5. If the proposed remedy is not acceptable, the person who filed the complaint may request a hearing with AMTRAN's General Manager for purposes of stating their complaint and identifying an appropriate remedy.
6. The General Manager will issue a response and recommend a remedy within ten days of the hearing.
7. If acceptable, the matter is concluded. If not, the person will be advised of the appropriate steps to file the complaint with the FTA.

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AMTRAN Complaint Form

Title VI of the 1964 Civil Rights Act requires 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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and forward it to:

Josh Baker
AMTRAN Compliance Officer

3301 Fifth Avenue
Altoona, PA 16602
(814) 944-4074

Please print clearly:

Your Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home) _____ (cell)

E-mail: _____

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Why do you believe the discrimination occurred?

race color national origin income other

Date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____

Please describe the circumstances as you saw it (please use a separate sheet of paper if needed):

Please list any and all witnesses' names and phone number (please use a separate sheet of paper if needed): _____

What type of corrective action would you like to see taken? _____

Please attach any additional documents you have which support the allegation sign, date and forward complaint form to the AMTRAN Compliance Officer.

Signature

Date