

# Adelante Complaint Form and Procedures

The complaint procedures cover the following:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Civil Rights Restoration Act of 1973
- Civil Rights Restoration Act of 1987
- Americans with Disabilities Act of 1990
- Executive Order 12898
- Executive Order 13166
- Americans with Disabilities Act of 1990 (ADA)

Any person believing he or she has been excluded from, denied participation in, denied the benefits of, or otherwise has been subjected to discrimination under any Federal Transit Administration (FTA)-funded transportation service operated by Adelante Development Center, Inc., due to that person's disability, race, color, or national origin has the right to file a complaint.

## Complaint Reporting

An individual, group of individuals or entity may file a formal complaint with Adelante Development Center, Inc. Complaints shall be submitted to the Adelante Title VI Coordinator in writing, signed and dated, within 180 days of the alleged discriminatory act (or latest occurrence). The complaint should be submitted to the following address:

Attn: Title VI Coordinator  
Adelante Development Center, Inc.  
3900 Osuna Road NE  
Albuquerque, NM 87109

We encourage that you file the complaint with us. However, you may file a complaint with the New Mexico Department of Transportation or the Federal Transit Administration:

Attn: Title VI Coordinator  
New Mexico Department of Transportation  
Office of Equal Opportunity Programs  
1596 Pacheco Street  
Suite 107  
Santa Fe, NM 87505

Federal Transit Administration  
Office of Civil Rights  
1200 New Jersey Avenue SE  
Washington, DC 20590

The Adelante Title VI Coordinator will be responsible for notifying the complainant of receipt of the complaint within five working days of receipt. The Title VI Coordinator's name and telephone number shall be included.

### **Title VI Complaint Investigations**

An investigation by the Title VI Coordinator or an otherwise qualified investigator will be initiated within 15 working days of receipt of the complaint. The complainant should submit any documentation he/she perceives as relevant to proving his/her complaint.

The Title VI Coordinator or qualified investigator will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned. Once the investigation is completed, a determination will be provided to the complainant that includes:

- The written complaint containing the allegations, basis, and date of filing
- Summarized statements taken from witnesses
- Findings of fact
- Conclusions (based on all evidence in the record) that the complaint is substantiated or unsubstantiated
- Action(s) taken to correct deficiencies and to ensure compliance (if applicable)

The complainant shall be notified of all appeal rights.

### **How do I obtain more information?**

If you need more information on our nondiscrimination obligations or complaint procedure, please contact Terence Donaldson, Title VI Coordinator at (505) 341-7115 or email at [tddonaldson@goadelante.org](mailto:tddonaldson@goadelante.org).

# Adelante Development Center, Inc. Complaint Form

Section I	
Name:	
Address:	
Telephone (Home/Cell):	Telephone (Work):
Email Address:	
Section II	
Are you filing this complaint on your own behalf: Yes <input type="checkbox"/> No <input type="checkbox"/>	
*If you answered "yes" to this question, go to Section III.	
If you answered "no" please enter the name and relationship of the person you are filing the complaint against:	Name:
	Relationship:
If you are filing a complaint as a third party, please explain why in the space below:	
Have you have obtained permission of the aggrieved party if you are filing on behalf of a third party: Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Section III

I believe the discrimination I experienced was based on (check all that apply):

Race       Color       National Origin       Disability

Date of Alleged Discrimination  
(Month, Day, Year):

Date:

Explain, as clearly as possible, that happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed please attach additional sheets to this form:

**Section IV**

Have you previously filed a complaint with the New Mexico Department of Transportation (NMDOT)? Yes  No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes  No

If yes, please check and name all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_