Gallup Express
Title VI/ADA Complaint Procedures

Gallup Express is committed to a policy of nondiscrimination in the provision of public transportation service. If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of our service, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

How do you file a complaint?

You can call Gallup Express at 505-722-0777 or use the accompanying form.

You may file a signed, dated and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number. (See question 1 of the complaint form.)

- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information. (See questions 6, 7, 8, 9, 10, and 11 of the complaint form.)

- The names of any persons, if known, whom the director could contact for clarity of your allegations. (See question 11 of the complaint form.)

Please mail, email, or return the completed form to:

Gallup Express
PO Box 520
Gallup, NM 87305
contact@gallupexpress.com

Do you need complaint assistance?

If you are unable to complete a written complaint due to a disability or if information is needed in another language we can assist you. Please contact us at 505-722-0777.

How will your complaint be handled?

Gallup Express investigates complaints received no more than 180 days after the alleged incident. Gallup Express will process complaints that are complete. Once a completed complaint is received, the City will review it to determine if it has jurisdiction. The complainant will receive a letter acknowledging receipt of the complaint and whether Gallup Express has jurisdiction to investigate the complaint.

Gallup Express will generally complete an investigation within 90 days from receipt of a complaint. If more information is needed to resolve the case, Gallup Express may contact you. Unless a longer period is specified by Gallup Express, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received,

Gallup Express may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After the investigation is complete, Gallup Express will send you a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken as a result of the investigation. If you disagree with Gallup Express' determination, you may request reconsideration by submitting a request in writing to Gallup Express within seven (7) days after the date of the letter, stating with specificity the basis for the reconsideration. Gallup Express will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Gallup Express will issue a determination letter to the complainant upon completion of the reconsideration review.

Do I have other options for filing a complaint?

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:

Title VI Coordinator
New Mexico Department of Transportation
1590 Pacheco Street
Suite A-10
Santa Fe, NM 87505
1-505-470-9668
www.dot.nm.us

Federal Transit Administration
Office of Civil Rights
1200 New Jersey Avenue SE
Washington, DC 20590
1-202-366-4043
www.transit.dot.us

How do I obtain more information?

If you need more information on the Gallup Express' nondiscrimination obligations or complaint procedure, please contact us at 505-722-0777.

GALLUP EXPRESS
TITLE VI/ADA COMPLAINT FORM

If you believe that you have been subjected to discrimination due to your race, color, national origin, or disability, or have a complaint about the accessibility of Gallup Express, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we can fully investigate the incident.

Please mail, email or return this form to:

Gallup Express
PO Box 520
Gallup, NM 87305
contact@gallupexpress.com

1. Complainant's name:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ( )		
E-mail address:		
Do you prefer to be contacted via e-mail? ❹ Yes ❹ No		
2. Are you filing this complaint on your own behalf? ❹ Yes If YES, please go to question 6. ❹ No If NO, please go to question 3.		
3. Please provide your name and address. Name of person filing complaint:		
Address:		
City:	State:	Zip Code:
Daytime telephone: ( )		
E-mail address:		
Do you prefer to be contacted via e-mail? ❹ Yes ❹ No		
4. What is your relationship to the person for whom you are filing the complaint?		
5. Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf. ❹ Yes, I have permission. ❹ No, I do not have permission		
6. I believe that the discrimination I experienced was based on (check all that apply). ❹ Race ❹ Color ❹ National Origin ❹ Disability ❹ Accessibility Issue ❹ Other		
7. Date of alleged discrimination (Month, Day, Year):		
8. Where did the alleged discrimination take place?		

9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.*

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

12. Have you filed a complaint with any other federal, state, or local agency, or with any federal or state court? ❹ Yes If yes, check all that apply. ❹ No

❹ Federal agency (list agency's name)

❹ Federal court (provide location)

❹ State court

❹ State agency (specify agency)

❹ County court (specify court and county)

❹ Local agency (specify agency)

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

Name:	Title:	
Agency:	Telephone: ( )	
Address		
City:	State:	Zip Code:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

_____ _____

Signature Date

If you completed Questions 3, 4 and 5, your signature and date is required

_____ _____

Signature Date