Hawaii Department of Transportation
Title VI Civil Rights Complaint Procedures for
FMCSA Funded Programs

These discrimination complaint procedures pertain to FMCSA assisted programs or activities. The procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination.

Procedures

A. Any person, specific class of persons or entity that believes they have been subjected to discrimination as prohibited by the legal provisions of Title VI on the basis of race, color, national origin, age, sex, disability, income status or limited English Proficiency (LEP) may file a formal complaint with HDOT's Office of Civil Rights, 200 Rodgers Blvd., Honolulu, Hawaii, 96819. Instructions for complaint submittal are explained below.

   1. A formal complaint must be filed within 180 calendar days of the date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s). The time period for filing may be extended at the discretion of HDOT due to extenuating circumstances beyond the complainant's control.

   2. Complainants with Limited English Proficiency needing assistance with Complaint Procedures or with the Complaint Form may request translation or interpretive service without charge.

   3. Complaint shall be in writing and signed by the complainant(s). The complaint shall be delivered by mail or in person to the Office of Civil Rights (address above). Faxed or emailed complaints shall be followed up by hard copy complaints with original signatures. Oral complaints should be reduced to writing by complainant's representative and provided to the complainant(s) for confirmation and signature before actual submission.

B. The complaint should contain the following:
   1. Date of the alleged act of discrimination; or date when the complainant(s) became aware of the alleged discrimination.
   2. Detailed description of the issues including names and job title of those individuals perceived as parties in the discrimination.

C. Upon receipt of the complaint, OCR will determine its jurisdiction, acceptability or need for additional information before initiating an investigation. In cases where the complaint is related to transit or airports activities within HDOT's jurisdiction, the case will be investigated pursuant to Federal Highways Administration (FHWA), Federal Transit Administration (FTA) or Federal Aviation Administration (FAA) requirements, as applicable.

D. Acceptance of a complaint will be determined by:

1. Whether the complaint is timely filed, or when it is not timely filed, there is justification for filing beyond the 180-day time limit.
2. Whether the allegations involved a covered basis such as race, color, national origin, sex, disability, age, limited English proficiency, or income status.
3. Whether the allegations involve a program or activity of a federal aid recipient, subrecipient, or contractor.
4. Whether the complaint is beyond the administrative authority of HDOT.

E. A complaint may be dismissed for the following reasons:
    1. The complainant requests the withdrawal of the complaint.
    2. The complainant fails to respond to repeated requests for additional information necessary to process the complaint, or otherwise fails or refuses to cooperate in the investigation.
    3. The complainant cannot be located after reasonable attempts to contact such person(s).

F. OCR has sole authority for accepting complaints for investigation. Within ten (10) business days of receipt of the complaint, OCR will acknowledge receipt of the complaint to the parties as well as the course of action on the complaint. The course of action may include acceptance of the complaint for investigation, request for additional information, or rejection of the complaint. The complaint will receive a case number and be logged into the OCR's complaint records identifying its basis, and the alleged discrimination.

G. All such complaints may also be forwarded to FMCSA for review upon request.

H. HDOT Title VI Specialist will conduct an investigation unless otherwise directed by FMCSA and will provide the respondent written notification of the opportunity to respond to the allegations. The respondent will have ten (10) calendar days from the date of notification to furnish his/her response to the allegations in a position statement.

I. If the complaint is related to a compliance investigation or safety audit conducted by the office subject to FMCSA regulation, the Title VI Specialist will request any and all related documentation related to the compliance investigation or safety audit and will conduct interviews of any and all related individuals as necessary. All timeframes for resolution of the complaint investigation as stated in these procedures will not change.

J. Within ninety (90) calendar days from the receipt of respondent's position statement, the HDOT investigator will prepare an investigative report. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition.

K. The investigative report shall be reviewed and finalized by the OCR Civil Rights Coordinator and approved by the HDOT Director.

L. The complainant and respondent shall receive written notification of the investigative findings (i.e. cause or no cause) and a copy of notification shall be forwarded to FHWA/FMCSA.

M. Any complainant dissatisfied with the decision of HDOT will be notified of the option to have the HDOT decision reviewed upon request by FMCSA by filing a separate complaint directly to FMCSA to review the case under dispute. FMCSA will then determine what action, if any, shall be taken.

State of Hawaii Department of Transportation

Complaint of Discrimination for FMCSA-Funded Programs (External)

Complainant(s) Name:	Complainant(s) Phone Number:
Complainant(s) Address:	

Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.) *(if applicable)*:

Name and Address of Agency Complaint is Against

Contact Person at Agency

Discrimination Based on:	☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐ Disability ☐ Low Income ☐ Limited English Proficiency	Date(s) of Alleged Discrimination:

Please list the name(s) and phone number(s) of any person, if known, that the Hawaii Department of Transportation could contact for additional information to support or clarify your allegation(s).

Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature: