

County of Hawai'i
Mass Transit Agency
Title VI Notice

The Mass Transit Agency operates the Hele-On Bus, Kako'o Paratransit services, and Shared Ride Taxi Program without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes that she or he has been aggrieved by an unlawful discriminatory practice under Title VI must file a complaint within 180 days of the alleged occurrence to any of the following:

County of Hawai'i - Mass Transit Agency
25 Aupuni Street (mailing Address)
2299 Ho'olaulima Road (Physical Address)
Hilo, Hawai'i 96720
Phone No. (808) 961-8343

Email: heleonbus@hawaiiicounty.gov

In addition to the Title VI complaint process at MTA, a complainant may also file a Title VI complaint with an external entity, such as:

County of Hawai'i – Department of Human Resources
Attention: EEO Officer/ADA Coordinator
25 Aupuni Street
Hilo, Hawai'i 96720
Phone No. (808) 961-8361

Hawai'i State Department of Transportation
Office of Civil Rights
Attention: Title VI Program Specialist
200 Rodgers Boulevard
Honolulu, Hawai'i 96819
Phone No. (808) 831-7924

Federal Transit Administration
Office of Civil Rights
Attention: Complaint Team
East Building, 5th Floor – TCR
1200 New Jersey Avenue, SE
Washington, DC 20590
Phone No. (888)- 446-4511

If more information is needed in another language, please contact (808) 961-8343

COUNTY OF HAWAI'I MASS TRANSIT AGENCY
TITLE VI COMPLAINT FORM

The County of Hawai'i Mass Transit Agency (MTA), as a recipient of Federal Funds, will fully comply with Title VI of the Civil Rights Act of 1964. MTA is committed to ensuring that no person using the Hele On Bus, paratransit service or its shared ride taxi program is discriminated against on the basis of race, color or national origin.

Please provide the following information necessary in order to process your complaint. Assistance if available upon request by calling 808-961-8744. Complete this form and mail to County of Hawaii, Mass Transit Agency, 25 Aupuni Street or deliver to: 2299 Ho'olaulima Road, Hilo, HI 96720.

Section I

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone No. (Home): _____ (Business): _____

Section II

Are you filing this complain on your own behalf? Yes* No

*If you answered "yes" to this questions, go to **Section III**.

If not, please supply your information here:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Relationship to the person for whom you are complaining: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III

What was the discrimination based on? (check all that apply):

- Race
- Color
- National Origin

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

Please describe in detail how you were discriminated against. Name any individual(s) who was responsible. Attach addition sheets of paper if additional space is needed.

Section IV

Was this complaint filed with another Federal, State, or local agency; or with a Federal or State Court? Yes No

If yes, check each agency complaint was filed with:

_____ Federal Agency _____ Federal Court _____ State Agency
_____ State Court _____ Local Agency _____ Other (list) _____

Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

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

Signature and date **required** below

Complainant's Signature

Date