

City of Onalaska's Complaint Procedure

The **City of Onalaska's** Complaint Procedure is made available in the following locations: *(check all that apply)*

- X Agency website, either as a reference in the Notice to Public or in its entirety
 - X Hard copy in the central office
 - X Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
 - Other, _____
-

Any person who believes she or he has been discriminated against on the basis of race, color, disability, or national origin by the **City of Onalaska** may file a complaint by completing and submitting the agency's Complaint Form.

The **City of Onalaska** investigates complaints received no more than 180 days after the alleged incident. The **City of Onalaska** will process complaints that are complete.

Once the complaint is received, the **City of Onalaska** will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The **City of Onalaska** has 30 days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 30 days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 30 days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, and/or other action will occur.

If the complainant wishes to appeal the decision, she/he has 10 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language or in an accessible format, then contact (608) 781-9530.

To request reasonable accommodations you may contact the City of Onalaska at the number listed above, you can e-mail your request to OSRcomplaint@onalaskawi.gov or you may complete the form and mail to City of Onalaska, 415 Main St. Onalaska, WI 54650 Attn: Finance Department.

Discrimination Complaint Form

The **City of Onalaska's** Complaint Procedure is made available in the following locations: *(check all that apply)*

- Agency website, either as a reference in the Notice to Public or in its entirety
- Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- Other, _____

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of 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:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> ADA <input type="checkbox"/> Other				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what 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 names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____				
Section IV				
Have you previously filed a complaint with this agency?			Yes	No
Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply:				
<input type="checkbox"/> Federal Agency: _____				

<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:

City of Onalaska
 Fred Buehler
 415 Main Street
 Onalaska, WI 54650