



Title VI Complaint Procedures

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Albuquerque Transit Department (ABQ RIDE) may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. ABQ RIDE investigates complaints received no more than 180 days after the alleged incident. The agency will process complaints that are complete.

The complaint should be submitted to the following address:

Attn: Title VI Coordinator
ABQ RIDE / City of Albuquerque
100 First Street, SW
Albuquerque, NM 87102

Alternatively, the complaint may be scanned and emailed to:
ABQRIDETitleVI@cabq.gov

Once the complaint is received, ABQ RIDE 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.

ABQ RIDE typically completes investigations within 90 days. If more information is needed to resolve the case, ABQ RIDE may contact the complainant. The complainant has 15 business 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 business days, ABQ RIDE can administratively close the case. A case also can be administratively closed if the complainant no longer wishes to pursue their case.

Once the investigation is completed, ABQ RIDE will issue a letter to the complainant. The letter will include a summary of pertinent information gathered during the investigation, a conclusion that the complaint is substantiated or unsubstantiated, and action(s) the agency will take to address any substantiated discrimination.

A person may also file a signed, written complaint directly with the Federal Transit Administration / Office of Civil Rights / Attention: Complaint Team / East Building, 5th Floor – TCR / 1200 New Jersey Ave., SE / Washington, DC 20590.



100 1st St. SW
Albuquerque, NM 87102
505-724-3100
abqrideTitleVI@cabq.gov

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act *requires that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.*

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact us.

Complete, sign, and return this form to ABQ RIDE's Title VI Coordinator at the address above by mail, in person, or scanned and emailed.

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number: _____

5. Email Address: _____

6. Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to you: _____

Reason why you have filed for someone else: _____

If you are filing on someone else's behalf, please confirm that you have obtained that person's permission: Yes No

7. Which of the following best describes the reason you believe the discrimination took place?

a. Race

b. Color

e. National Origin

8. What date did the alleged discrimination take place? _____

9. Describe the alleged discrimination as clearly as possible. Explain what happened, why you believe you were discriminated against, and who you believe was responsible (if known). Please include names and contact information for any witnesses. If more space is needed, please attach additional pages.

10. Have you filed this complaint with any other federal, state or local agency or with any federal or state court? Yes No

If yes, check each box that applies:

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

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

Complainant Signature

Date