

Henry County Transportation Network  
Policy Manual  
1805 Oakwood Avenue, Napoleon, OH 43545

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SUBJECT: NOTIFYING THE PUBLIC  
OF RIGHTS UNDER TITLE VI

Section: TITLE VI PROGRAM PLAN

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EFFECTIVE DATE:

November 1, 2020

APPROVED BY: HCTN

APPROVAL DATE: November 16, 2020

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REPLACES:

**POLICY:**

Henry County Transportation Network (HCTN) complies with Title VI and Civil Rights Laws and Regulations to ensuring that no person is excluded from participation in or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act.

Henry County Transportation Network (HCTN) operates in compliance with Title II of the ADA Act and does not discriminate on the basis of disability.

For more information on Henry County Transportation Network's Title VI and ADA procedures or to file any complaint, contact Brad Booth, Director at 419-592-8726, TTY 1-800- 750-0750, or visit our main office at 1805 Oakwood Ave., Napoleon, OH 43545 during office hours.

A complainant may file a complaint directly with the Ohio Department of Transportation by filing a complaint with the Office of Equal Opportunity, 1980 West Broad St., Mailstop 3270, Columbus, OH 43223.

A complainant may file a complaint directly with Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE, Washington DC 20590.

If information is needed in another language, contact 419-592-0946.

Publish information if it is needed in another language or in each language spoken by LEP populations that meet the safe harbor threshold. LEP plan is held in Henry County Job and Family Services.

**Locations of Posting:**

- Job and Family Services 104 East Washington, Napoleon, Ohio 43545
- Henry County Veterans Services 1855 Oakwood Avenue, Napoleon, Ohio 43545
- Henry County Senior Center 203 Rohrs St., Napoleon, Ohio 43545
- Henry County Senior Center—Deshler Satellite location.
- United Way of Henry County—611 North Perry Street, Napoleon, Ohio 43545
- Henry County Office Complex—1853 Oakwood Avenue, Napoleon, Ohio 43545
- Henry County Courthouse—660 North Perry Street, Napoleon, Ohio 43545
- HOPE Services 135 East Maumee Avenue, Napoleon, Ohio 43545
- Henry County Hospital 1600 East Riverview, Napoleon, Ohio 43545

HCTN office, reception desk, meeting room, and all vehicles

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Policy Manual  
1805 Oakwood Ave., Napoleon, OH 43545

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SUBJECT: TITLE VI COMPLAINT  
PROCEDURES

SECTION: TITLE VI PROGRAM  
PLAN

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EFFECTIVE DATE:

November 1, 2020

APPROVED BY: HCTN

APPROVAL DATE: November 16, 2020

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REPLACES:

**POLICY:**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Henry County Transportation Network (hereinafter referred to as “[HCTN]”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. HCTN investigates complaints received no more than 180 days after the alleged incident. HCTN will process complaints that are complete. Once the complaint is received, HCTN 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.

HCTN has 90 days to investigate the complaint. If more information is needed to resolve the case, HCTN may contact the complainant. The complainant has [30] 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, HCTN 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 letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was no a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter of the LOF to do so.

A person may file a complaint directly with the Ohio Department of Transportation, at ODOT Office of Equal Opportunity, 1980 West Broad St., Mailstop 3270, Columbus, OH 43223

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, then contact 1-800-750-0750---should be stated in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold.”

Henry County Transportation Network is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 419-592-8726, visit our office at 1805 Oakwood Ave. Napoleon, OH 43545, or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

Henry County Transportation Network, Attn.: Brad Booth, Executive Director  
1805 Oakwood Ave, Napoleon, OH 43545

[brad.booth@hctn.co](mailto:brad.booth@hctn.co)

**SECTION I: TYPE OF COMMENT (Choose One)\***

Compliment___	Suggestion___	Complaint___	Other:_____	ADA Related? Y / N
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**SECTION II: CONTACT INFORMATION**

Salutation [Mr./Mrs./Ms., etc.]:

Name:

Rider ID (if applicable):

Street Address:

City, State, Zip code:

Phone:	Email:
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Accessible Format Requirements:	Large Print___	TDD/Relay___	Audio Recording___	Other_____
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**SECTION III: FILING ON BEHALF**

Are you filing this complaint on your own behalf?	Yes*	No
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\*If you answered “yes” to this question, go to Section IV.

If not, please supply the name and relationship of the person for whom you are complaining:	
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Please explain why you have filed for a third party:	
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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
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**SECTION IV: COMMENT DETAILS**

Transit Service (Choose One) [as applicable] [Bus/Subway/Paratransit]\*

I believe the discrimination I experienced was based on (check all that apply):  
 Race     Color     National Origin

Date of Occurrence:	Time of Occurrence:
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Have you previously filed a Title VI complaint with this agency?	Yes	No
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Name of agency complaint is against:

Name/ID of Employee(s) or Others Involved:

Vehicle ID/Route Name or Number:

Direction of Travel:

Location of Incident:

Mobility Aid Used (if any):

If above information is unknown, please provide other descriptive information to help identify the employee:

Description of Incident or Message [Text box on web form for narrative]:

**SECTION V: FOLLOW UP**

May we contact you if we need more details or information?		Yes	No
What is the best way to reach you? (Choose One)*	Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?			
<b>SECTION VI: DESIRED RESPONSE (Choose One)*</b>			
-Email response      -Telephone response      -Response by U.S. Postal Mail			
<b>SECTION I: TYPE OF COMMENT (Choose One)*</b>			
Compliment__	Suggestion__	Complaint__	Other:_____
<b>SECTION II: CONTACT INFORMATION</b>			
Salutation [Mr./Mrs./Ms., etc.]:			
Name:			
Rider ID (if applicable):			
Street Address:			
City, State, Zip code:			
Phone:		Email:	
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__
Other_____			
<b>SECTION III: COMMENT DETAILS</b>			
Transit Service (Choose One) [as applicable] [Bus/Subway/Paratransit]*			
Date of Occurrence:		Time of Occurrence:	
Name/ID of Employee(s) or Others Involved:			
Vehicle ID/Route Name or Number:			
Direction of Travel:			
Location of Incident:			
Mobility Aid Used (if any):			
If above information is unknown, please provide other descriptive information to help identify the employee:			
Description of Incident or Message [Text box on web form for narrative]:			
<b>SECTION IV: FOLLOW UP</b>			
May we contact you if we need more details or information?		Yes	No
What is the best way to reach you? (Choose One)*	Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?			
<b>SECTION V: DESIRED RESPONSE (Choose One)*</b>			
-Email response      -Telephone response      -Response by U.S. Postal Mail			

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

Signature and date required below.

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Signature

Date