

YAMHILL COUNTY TRANSIT AREA (YCTA) RESPECTS CIVIL & ADA RIGHTS

Yamhill County Transit Area (YCTA) operates its programs without regard to race, color, religion, sex, national origin, marital status, age, or disability in accordance with Title VI of the Civil Rights Act, ORS Chapter 659A, Title II of the ADA, or other applicable law. For more information contact Cynthia Thompson, Transit Manager by phone at 503.474.4910 or email at thompsonc@co.yamhil.or.us.

YAMHILL COUNTY TRANSIT AREA (YCTAC) TITLE VI POLICY STATEMENT

Title VI of the Civil Rights Act of 1964 states:

"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

YCTA is committed to complying with the requirements of Title VI in all of its Federally funded programs and activities.

MAKING A TITLE VI OR ADA COMPLAINT

Any person who believes he or she has been aggrieved by an unlawful discriminatory practice Under Title VI or Title II may file a complaint with Yamhill County Transit Area withing 180 days following the date of the alleged discriminatory occurrence.

REASONABLE MODIFICATIONS

Reasonable modifications in policies, practices, or procedures are available to avoid discrimination on the basis of disability. To request an accommodation please contact Yamhill County Transit Area's Transit Manager, Cynthia Thompson by phone 503.474.4910 or by email thompsonc@co.yamhil.or.us.

ACCESSIBLE FORMATS

Accessible formats are available upon request. To initiate a request, please contact Yamhill County Transit by phone 503.474.4900. Dial "711" for text-to-voice relay.

Yamhill County Transit Area Title VI & ADA Complaint Form

Date:	-				
Name:					
Address:					
City:					
Telephone:					
Email:					
Do you feel you were discr				oly):	
Race □ Disability □ If other, please explain:		National Origin □			
Date & time of the alleged in				_	
Route and/or bus number:				_	
Driver's name or description:					
Explain as clearly as possib sure to include the names a needed, please use addition	and contact ir nal pages:	nformation of any witr	nesses. If more sp	oace is	
					
					

Have you filed this complaint with any other fe	ederal, state, or local agency or with any court?			
Yes □ No □				
If yes, check and identify all that apply:				
☐ Federal Agency				
☐ Federal Court				
☐ State Agency				
☐ State Court				
☐ Local Agency				
☐ Local Court				
Please provide information for a contact persous filed:				
Name:				
Address:				
City: Sta				
Telephone:				
Email:				
Please sign below. You may attach any additio believe is relevant to your complaint.				
Signature	Date			
Please send completed form to:				
Mail: Yamhill County Transit Area 535 NE 5 th Street McMinnville, OR 97128				
Email: thompsonc@co.yamhill.or.us manleyt@co.yamhill.or.us				
In person:				

2050 NE Lafayette Ave. Ste C or 800 NE 2nd Street McMinnville, OR 97128