



**Metro**

## **CIVIL RIGHTS Civil Rights Policy**

(CIV 5)

### **POLICY STATEMENT**

The Los Angeles County Metropolitan Transportation Authority (LACMTA) is committed to ensuring that no person is excluded from or denied the benefits of its services based on race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964. LACMTA additionally prohibits discrimination in the provision of services based on religion, sex, age (40 and over), physical disability or medical condition (including HIV, AIDS, and cancer), pregnancy (including childbirth), mental disability, ancestry, marital status, sexual orientation, gender identity, gender expression, military or veteran status, genetic information, or any similar protected category under applicable federal or state law.

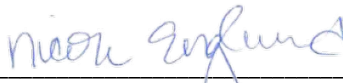
### **PURPOSE**

This policy mandates that LACMTA services (including fare, routing, scheduling, and transportation quality programs) are implemented so as not to discriminate against any person based on race, color, national origin, religion, sex, age (40 and over), physical disability or medical condition (including HIV, AIDS, and cancer), pregnancy (including childbirth), mental disability, ancestry, marital status, sexual orientation, gender identity, gender expression, military or veteran status, genetic information, or any similar protected category under applicable federal or state law. LACMTA service decisions including service frequency and routes, vehicle maintenance and procurement, and infrastructure maintenance and planning will be determined based on legitimate, business-related considerations. This policy is updated annually.

### **APPLICATION**

This policy applies to all LACMTA employees, applicants, contractors, and customers with respect to LACMTA services, programs, and activities.

  
APPROVED: County Counsel or N/A

  
Department Head

  
ADOPTED: CEO

Effective Date: 7/25/24



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### **1.0 GENERAL**

LACMTA is committed to equal access and ensuring that no person is excluded from participation in its services, or subjected to denial of LACMTA benefits on the basis of race, color, national origin, religion, sex, age (40 and over), physical disability or medical condition (including HIV, AIDS, and cancer), pregnancy (including childbirth), mental disability, ancestry, marital status, sexual orientation, gender identity, gender expression, military or veteran status, genetic information, or any similar protected category under applicable federal or state law. LACMTA is also committed to promoting environmental justice. LACMTA seeks to accomplish these goals by:

- Ensuring that the level and quality of transportation services are provided without discrimination based on a protected category;
- Adhering to and implementing LACMTA's Public Participation Plan;
- Preventing denial, reduction, or delay in access to LACMTA services and programs based on a protected category;
- Preventing changes to LACMTA services and programs that would inequitably and adversely affect minority or low-income populations; and
- Providing meaningful access to LACMTA services and programs to persons with limited English proficiency (LEP).

In addition to prohibiting discrimination based on any of the categories identified above, this policy prohibits retaliation for submitting a complaint of a violation of this policy or participating in a related investigation.

### **2.0 PROCEDURES**

Any person who believes they were discriminated or retaliated against in violation of this policy may submit a written complaint to the Office of Civil Rights, Racial Equity & Inclusion (OCRREI). Persons with limited English proficiency, or those who require assistance preparing or submitting a complaint may contact Customer Relations in person or by phone. Contact information for OCRREI and Customer Relations is provided in Section 2.7 of this policy.

#### **2.1 Reporting**

The complaint should be submitted in writing within 180 days from the date of the alleged violation and include the complainant's name and signature. Complaint forms, though not required to be used, are available through Customer Relations or on the LACMTA website at <https://www.metro.net/CivilRightsComplaintForm>. Written complaints may be submitted to LACMTA Customer Relations or OCRREI.



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Any LACMTA employee who becomes aware of a discrimination or retaliation complaint should immediately contact the OCRREI for handling.

Complaints pertaining to race, color, or national origin discrimination may additionally or alternatively be filed with the Federal Transit Administration (FTA), Office of Civil Rights, Attn: Complaint Team, East Building, 5<sup>th</sup> Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590.

### **2.2 OCRREI Review Process**

After a complaint is submitted to LACMTA Customer Relations or OCRREI, OCRREI will review the complaint to determine whether a violation of this policy is alleged.

If applicable, OCRREI will assign an investigator to conduct an investigation. If the Complainant has provided OCRREI with a mailing or email address, OCRREI will issue an acknowledgement letter informing the Complainant of the investigation. All complaints will be investigated promptly and handled in a sensitive manner. However, information and findings related to investigations may be disclosed on an as-needed basis.

In the event OCRREI is not the appropriate department to address a complaint, it will forward the complaint to the appropriate department for handling.

### **2.3 OCRREI Investigative Process**

OCRREI will take the followings steps to investigate the alleged violation:

- Identify, request, and review all relevant information and documents; and
- Identify and interview parties with potentially relevant information.

### **2.4 Amended Complaints**

An amended complaint may be submitted utilizing the same procedures described above. OCRREI will determine whether the amended complaint should stand on its own or be investigated as part of the original complaint.

### **2.5 Completion of Investigation**

Upon completion of the investigation, a final investigative report will issue and the complainant and respondent will be notified of the investigative findings.



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If no violation is found, the complainant may contact OCRREI to appeal the investigative findings based on new or additional information.

### **2.6 Implementation of Remedial Actions**

If OCRREI finds a violation of this policy has occurred, LACMTA reserves the right to take appropriate remedial actions.

### **2.7 Contact Information**

#### **Customer Relations**

Address: Plaza Level, One Gateway Plaza, Los Angeles, CA 90012

Email: [CustomerRelations@Metro.net](mailto:CustomerRelations@Metro.net)

Phone: 1.800.464.2111

#### **Office of Civil Rights, Racial Equity & Inclusion**

Address: One Gateway Plaza, Los Angeles, CA 90012 (MS: 99-19-2)

Email: [EEODept@Metro.net](mailto:EEODept@Metro.net)

Phone: 213.418.3190

## **3.0 DEFINITION OF TERMS**

**Discrimination** – Any act or failure to act that limits, excludes, or denies a person LACMTA services or benefits due to race, color, national origin, religion, sex, age (40 and over), physical disability or mental condition (including HIV, AIDS, and cancer), pregnancy (including childbirth), mental disability, ancestry, marital status, sexual orientation, gender identity, gender expression, military or veteran status, genetic information or any other protected category under applicable federal or state law.

**Environmental Justice** – Efforts made to prevent minority and low-income communities from being subject to disproportionate and adverse environmental effects.

## **4.0 RESPONSIBILITIES**

OCRREI reviews all complaints under this policy and investigates where appropriate. OCRREI maintains a log of all complaints received. The log includes the date the complaint was filed; a summary of the allegations; the status of the complaint; and actions taken by LACMTA to resolve the complaint.



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### **5.0 FLOWCHART**

Not Applicable

### **6.0 REFERENCES**

Title VI of the 1964 Civil Rights Act

### **7.0 ATTACHMENTS**

Civil Rights Complaint Form

### **8.0 PROCEDURE HISTORY**

- |          |  |
|----------|--|
| 03/01/08 | Policy memo.   |
| 01/08/09 | Policy updated and revised into GEN 5 format template with the purpose of recognizing the importance of LACMTA's obligation regarding non-discrimination. Entire Procedure section revamped and streamlined to reflect current practices.  |
| 05/06/10 | Policy updated to reflect administrative changes.  |
| 02/10/11 | Revised to include protected classes sex, age and disability.  |
| 11/30/11 | Policy renamed from Title VI Statement of Policy to Civil Rights Policy. Policy revised to reflect administrative changes. Updated § 6.0 References. Under References: added the Unruh Civil Rights Act of 1959 and removed the Limited English Proficiency Outreach Plan.             |
| 10/17/12 | Added more protected classifications; changed responsibility from EEO Manager to the Manager of Civil Rights Programs; expanded the investigation process from 90 to 120 days; updated FTA Circular reference; added Environmental Justice definition; added complaint form attachment |
| 08/01/13 | Subsuming the Non-Discrimination in Providing Services (EO6) policy due to duplication.  |
| 12/05/13 | Annual review: changed policy call letters from EO to CIV; added additional protections.   |
| 12/15/14 | Annual review: non-substantive changes.  |



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04/21/16	Annual review: non-substantive changes; updated titles and department name
04/24/17	Annual review: updated FTA's Office of Civil Rights address, and titles; the Chief Civil Rights Officer receives a copy of the final investigative report.
04/05/18	Annual review: updated the complaint form hyperlink.
04/22/19	Annual review: updated the complaint form hyperlink.
03/30/20	Annual review: non-substantive changes; updated titles and OCR mailing address
06/03/21	Annual review: non-substantive change
08/29/23	Annual review: non-substantive change
04/26/24	Annual review: various non-substantive changes; added prohibition against retaliation



# Metro

## Civil Rights Complaint Form

Title VI of the 1964 Civil Rights Act and related nondiscrimination statutes and regulations require 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 subjected to discrimination under any program or activity receiving federal financial assistance. In addition to Title VI, Metro also prohibits discrimination based on sex, age, disability, religion, medical condition, marital status, or sexual orientation.

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

Complete and return this form to: Metro Customer Relations, Los Angeles County Metropolitan Transportation Authority, 1 Gateway Plaza, Los Angeles, CA 90012.

1. Complainant's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone No.: (home/cell) \_\_\_\_\_ (other) \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Person discriminated against (if someone other than the complainant):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:  

a. Race	<input type="checkbox"/>	c. National Origin	<input type="checkbox"/>	e. Age	<input type="checkbox"/>
b. Color	<input type="checkbox"/>	d. Sex	<input type="checkbox"/>	f. Disability	<input type="checkbox"/>



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Los Angeles County  
Metropolitan Transportation Authority

One Gateway Plaza  
Los Angeles, CA 90012-2952

213.922.2000 Tel  
metro.net

g. Religion ☐ h. Medical Condition ☐ i. Marital Status ☐

j. Sexual Orientation ☐

8. What date did the alleged discrimination take place? \_\_\_\_\_

9. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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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 ☐

11. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature (Optional)

\_\_\_\_\_  
Date