

Attachment 1

Agency Information

New Madrid Transit was first started by the Nutrition Center here in New Madrid. They were providing hot lunches for senior citizens that lived in New Madrid. They soon discovered that the senior citizens in town needed transportation services to get to and from the Nutrition Center. The volunteers there at first began driving them in their own cars. They solicited funds from the community to purchase a station wagon and used it to transport their participants. As time passed, the Nutrition Center found that they could not afford to provide the transit service and came to the City Council to ask for assistance. The City then suggested that the City would apply for a grant with the FTA and would then take over the program. The City did just that. They received the grant and started running the program in the early 1980's. New Madrid is a small city on the banks of the Mississippi River in Southeast Missouri. This is a rural farming community. The population is 2,863 and has been declining over recent years. Many of the residents are elderly and/or disabled and depend on the City Transit Service to get them to the doctor's office, grocery store and bank. The Transit's governing body is the City Council, comprised of the Mayor and six aldermen that serve the three wards of the City. New Madrid Transit has formed a Transit Committee that is comprised of eight individuals. The Transit Committee is made up of two frequent riders of the transit, one member of the New Madrid County Health Department (one of our service providers), a City Administrative Assistant that helps prepare reimbursement requests for the transit as well as occasional back up driver services, the City Clerk, the full time driver and three city business owners.

Attachment 2

City of New Madrid Transit TITLE VI/ADA COMPLAINT FORM

"No person in the United States shall, on the basis 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."

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Aaron Griffin, City Administrator
City of New Madrid Transit
560 Mott Street New Madrid, MO 63869
Aaron@new-madrid.mo.us

PLEASE PRINT

1. Complainant's Name:		
a. Address:		
b. City:	State:	Zip Code:
c. Telephone (include area code): Home () or Cell ()		Work
() -		() -
d. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? () YES () NO		
2. Accessible Format of Form Needed? () YES specify: () NO		
3. Are you filing this complaint on your own behalf? () YES If YES, please go to question 7. () NO If no, please go to question 4		
4. If you answered NO to question 3 above, please provide your name and address.		
a. Name of Person Filing Complaint:		
b. Address:		
c. City:	State:	Zipcode:
d. Telephone (include area code): Home () or Cell ()		Work
() -		() -
e. Electronic mail (e-mail) address:		
Do you prefer to be contacted by this e-mail address? () YES () NO		
5. What is your relationship to the person for whom you are filing the complaint?		
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.		
7. I believe that the discrimination I experienced was based on (check all that apply): () Race () Color () National Origin (classes protected by Title VI) () Disability (class protected by ADA) () Other (please specify)		

continued

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8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
12. What type of corrective action would you like to see taken?

<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? () YES If yes, check all that apply. () NO</p> <p>a. () Federal Agency (List agency's name)</p> <p>b. () Federal Court (Please provide location)</p> <p>c. () State Court</p> <p>d. () State Agency (Specify Agency)</p> <p>e. () County Court (Specify Court and County)</p> <p>f. () Local Agency (Specify Agency)</p>		
<p>14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.</p>		
Name:	Title:	
Agency:	Telephone: () -	
Address:		
City:	State:	Zip Code:

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

Signature and date is required:

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature

Date

