



MUNICIPIO AUTÓNOMO DE PONCE

ESTADO LIBRE ASOCIADO DE PUERTO RICO

Title VI Complaint Procedures

This section outlines the Title VI complaint procedures of The Autonomous Municipality of Ponce related to the Public Transportation Services called SITRAS. However, it does not deny the complainant the right to file a formal complaint with The Federal Transit Administration's Office of Civil Rights or to seek private counsel for complaints alleging discriminations.

COMPLAINT PROCESS

- Any person believing they have been subject to discrimination as is prohibited by Title VI may by himself or by a representative file a written complaint with Municipality of Ponce, contact Mr. Javier Ruiz Fortuño, 787-813-511, email: Javier.Ruiz@ponce.pr.gov; or visit our administrative office at Parque Urbano and Terminal Dora Colón Clavell Ponce PR 00717. For more information, visit www.sitrasmap.com and/or [Facebook: Sitras Ponce](#) and/or Instagram: sitrasmap
- Complaints must be filed within 180 calendar days of the last alleged incident.
- The complaint will be entered in the Title VI Complaint LOG and given a reference number with the following information:
 1. Name
 2. Address
 3. Phone number
 4. Date and hour that the complaint was received
 5. Brief description of the complaint



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PROGRAM COMPLAINT FORM

Public Transportation System SITRAS

Autonomous Municipality of Ponce

The Title VI Program prohibits discrimination on the basis of protected status or relation in any programs receiving federal financial assistance.

Date Reported: _____ Received by: _____

Name (Print): _____

Mailing Address: _____

Electronic Mail Address: _____

Work phone: _____ Home phone: _____

Accessible Format Requirements

Large Print Audio Tape TDD Other: _____

1. Indicate protected status you believe was basis for discrimination:

Race Color National Origin

2. Explain why you believe discrimination has occurred. Please provide dates, location and time of discrimination. If there are witnesses, please provide names, addresses, and telephone numbers. Use the back of this form or additional sheets as necessary.

3. Indicate the person (s) you believe responsible for the discrimination:

Name: _____

Work Location or Routes: _____

4. What remedy are you requesting? Please be specific.

Signature

Date