

Nondiscrimination Policy

We are committed to operating our programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint by contacting the Executive Director at the telephone number listed on the outside of this vehicle.

MOUNT ZION ECONOMIC COMMUNITY CENTER,
INC.

4027 FRED MARTIN ROAD

SUMMIT, MISSISSIPPI 39666

PHONE: 601-249-1999

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

Política de no discriminación

Nos comprometemos a operar nuestros programas y servicios sin tener en cuenta la raza, el color y el origen nacional de acuerdo con el Título VI de la Ley de Derechos Civiles de 1964. Cualquier persona que crea que ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI puede presentar una queja poniéndose en contacto con el Director Ejecutivo al número de teléfono que aparece en el exterior de este vehículo.

**MOUNT ZION ECONOMIC COMMUNITY
CENTER, INC. 4027 FRED MARTIN ROAD
SUMMIT, MISSISSIPPI 39666 TELÉFONO:
601-249-1999**

Un reclamante puede presentar una queja directamente ante la Administración Federal de Tránsito en la Oficina de Derechos Civiles, Atención; Coordinador del Programa Título VI, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590

Passenger Grievance Form

Mount Zion Economic Community Center, Inc. is committed to providing safe, reliable, and affordable transportation options to all passengers. We strive to resolve all grievances with fairness, professionalism and as expeditiously as possible in accordance with applicable MTZECC Board of Directors and/ or State of Mississippi and/ or Federal Guidelines. MTZECC does not discriminate against race, color, or national origin.

Mount Zion Economic Community Center, Inc. GRIEVANCE FORM

Mail all forms to: 4027 Fred Martin Road Summit, MS 39666 ATTN: Benton Thompson, Executive Director

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GRIEVANT INFORMATION

PASSENGER NAME

DATE FORM SUBMITTED

Employee / Rep Involved

PASSENGER MAILING ADDRESS

DETAILS OF EVENT LEADING TO GRIEVANCE

DATE, TIME, AND LOCATION OF EVENT

WITNESSES if applicable

ACCOUNT OF EVENT

Provide a detailed account of the occurrence. Include the names of any additional persons involved.

VIOLATIONS

Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

PROPOSED SOLUTION

Please retain a copy of this form for your own records. As the grievant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

SIGNATURES

PASSENGER SIGNATURE

DATE

RECEIVED BY: PRINTED NAME AND SIGNATURE

DATE