



Corpus Christi Regional Transportation Authority Equal Opportunity Complaint Procedure

I. Control

The EEO/ADA Compliance Officer under the direction of the Chief Executive Officer shall investigate allegations of discrimination by individuals protected by federal, state, or local law or regulations.

The areas of investigation include, but are not limited to, employment practices, service-related issues and allegations of harassment or of retaliation against any contractor, employee, applicant, or other individual.

Any contractor, employee, applicant or other individual has the right to seek resolution to their problems without fear of retaliation. No one shall, in any manner, intimidate, threaten, coerce or otherwise discriminate against any individual who has alleged discrimination on any basis.

All contractors, employees, applicants or other individuals alleging discrimination may file a complaint within 180 days of the alleged discriminatory action. Complainants will be advised of their rights to seek redress through external agencies.

II. Access to Individuals and Records

The Human Resources Department will have access to all Corpus Christi Regional Transportation Authority personnel and personnel records deemed appropriate for investigative purposes by the EEO/ADA Compliance Officer.

III. Process for Filing Complaints

Applicants and employees may report and file a complaint of retaliation, discrimination, or disability to the EEO/ADA Compliance Officer at eeo@ccrta.org.

Employees are encouraged to resolve disputes as respectful adults or seek assistance from the Human Resources Department. However, if employees feel the need to report a concern anonymously, they may use the Anonymous Employee Hotline. The EEO/ADA Compliance Officer and the CEO will decide if the information needs to be shared with others, to what extent, and whether an investigation will be conducted. This service is intended to provide an anonymous

outlet for serious concerns, including safety and security, harassment, discrimination, retaliation, and violations of law and/or the Code of Conduct.

The anonymous hotline number is (361) 903-3465.

By providing a brief description of your complaint, a preliminary determination will be made as to which division will conduct the investigation. If your concern is of a discriminatory nature, an appointment will be scheduled with the EEO/ADA Compliance Officer. If a complaint contains more than one type of issue, e.g., a discrimination complaint and a non-discrimination concern, a dual investigation with the EEO/ADA Compliance Officer and Director of Human Resources may be necessary.

Upon receipt of your complaint, the EEO/ADA Compliance Officer will conduct an investigation. The EEO/ADA Compliance Officer will meet separately with the employee who filed the complaint, and the person who is the alleged cause of the complaint, to issue a final determination and/or recommendation.

It is our policy to complete the internal investigation as soon as possible. There may be times when special circumstances lengthen the process.

If you disagree with the outcome of the internal investigation, you have the option of going to an outside agency; however, CCRTA is very interested in finding solutions and welcomes feedback regarding your situation.

It is not mandatory to file internally prior to filing with an external agency; however, CCRTA prefers to have an opportunity to resolve concerns internally.

Confidentiality will be honored to the extent possible permitted by the investigation process. Please note that when a complaint is filed, both sides must be made aware of the allegations and witnesses are interviewed. During the course of the investigation, involved parties are advised of the confidential nature of the investigation and are asked to keep all discussions regarding the complaint confidential.

For more information, please contact:

JoAnna Serna, EEO/ADA Compliance Officer
361-903-3528
jserna@ccrta.org

Angelina Gaitan, Director of Human Resources
361-903-3513
agaitan@ccrta.org

Allegations relevant to Title VII (Race, Color, Sex, National Origin or Religion) or the Age Discrimination in Employment Act:

Equal Employment Opportunity Commission
San Antonio District Office
5410 Fredericksburg Road, Suite 200
Mockingbird Plaza II
San Antonio, TX 78229-3555

OR

The Texas Commission on Human Rights
7215 Cameron Road, Suite B Austin, TX 78758
(512) 475-1178

Allegations relevant to the Americans with Disabilities Act (ADA); Section 504: Rehabilitation Act of 1973 (Handicap); Title VI of the Civil Rights Act of 1964 (Race, Color, National Origin); Title VI (Race, Color, Sex, National Origin or Religion); or Age Discrimination in Employment Act:

Office of Civil Rights
Federal Transit Administration
6301 Rock hill Road
Kansas City, Missouri 64131 (816) 523-0204



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Equal Employment Opportunity Employee Complaint Form

NAME: _____ EMPLOYEE ID: _____

DEPT: _____ SUPERVISOR: _____

DATE OF HIRE: _____ DATE OF ALLEGED INCIDENT: _____

NATURE OF COMPLAINT (CHECK ALL THAT APPLY):

- RACE RELIGION DISABILITY NATIONAL ORIGIN SEX
 AGE VETERAN STATUS RETALIATION OTHER

(SPECIFY) _____

Has this complaint been discussed with your supervisor? YES NO
If yes, what if any action was taken?

If not, does the EEO/ADA Compliance Officer have permission to do so? YES NO

Has this complaint been filed with an external agency? YES NO

Alleged Discrimination complaint(s) (Be specific. Attach extra sheets if additional space is needed):

Resolution Sought (Be specific):

I affirm that the alleged complaint(s) are true to the best of my knowledge, information, and belief. I will advise the EEO/ADA Compliance Officer of any changes in the situation. I will cooperate fully in the processing of the alleged complaint(s) in accordance with CCRTA procedures.

Employee (Complainant) Signature

Date

Received by

Date



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Equal Employment Opportunity Applicant/Non-Employee Complaint Form

NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF ALLEGED INCIDENT: _____

NATURE OF BUSINESS TRANSACTION: _____

NATURE OF COMPLAINT (CHECK ALL THAT APPLY):

- RACE RELIGION DISABILITY NATIONAL ORIGIN SEX
 AGE VETERAN STATUS RETALIATION OTHER

(SPECIFY) _____

Has this complaint been discussed with anyone else affiliated with CCRTA?

- YES NO

If yes, what if any action was taken?

Has this charge been filed with an external agency? YES NO

Alleged Discrimination Complainant(s) (Be specific. Attach extra sheets if additional space is needed):

Resolution Sought (Be specific):

I affirm that the alleged complaint(s) are true to the best of my knowledge, information, and belief. I will advise the EEO/ADA Compliance Officer of any changes in the situation. I will cooperate fully in the processing of the alleged complaint(s) in accordance with CCRTA procedures.

Complainant Signature

Date

Received by

Date