



EMERALD COAST REGIONAL COUNCIL

# REGIONAL RURAL TRANSPORTATION PROGRAM

PUBLIC PARTICIPATION PLAN

ADOPTED - AUGUST 2026

CONTACT: MARKETING AND OUTREACH, [MARKETING@ECRC.ORG](mailto:MARKETING@ECRC.ORG)  
P.O. BOX 11399, PENSACOLA, FL, 32524 | 850-332-7976

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# RESOLUTION

## **RESOLUTION ECRC 2026-10 A RESOLUTION OF THE EMERALD COAST REGIONAL COUNCIL ADOPTING THE REGIONAL RURAL TRANSPORTATION PROGRAM PUBLIC PARTICIPATION PLAN**

**WHEREAS**, the Florida Department of Transportation (FDOT) Office of Policy Planning provides guidance to Transportation Planning Organizations (TPO) through identification of Planning Emphasis Areas in support of the Florida Transportation Plan; and

**WHEREAS**; Emerald Coast Regional Council (ECRC) incorporated a Regional Rural Transportation Program (RRTP) by allocating a total of \$108,000 for Task R.1 in the Fiscal Year 2019-2020 Unified Planning Work Programs (UPWP) through contributions from the Florida-Alabama, Okaloosa-Walton TPO, and the Bay County TPOs; and

**WHEREAS**, the three TPOs approved the Regional Rural Transportation Plan Scope of Services in June 2019; and

**WHEREAS**, on February 10, 2021, FDOT entered an agreement with ECRC to develop an RRTP to include the counties of Escambia, Santa Rosa, Okaloosa, Walton, Bay, Holmes, and Washington; and

**WHEREAS**, the scope of services for the agreement requires ECRC to develop and implement a Public Participation Plan (PPP) that complies with all applicable federal and state regulations;

### **NOW, THEREFORE, BE IT RESOLVED THAT:**

- 1) The ECRC board has reviewed the RRTP public participation procedures, hereafter referred to as the Public Participation Plan, to assure that full and open access to the RRTP decision-making process is provided to all citizens and finds the document to be in compliance with the Code of Federal Regulation (CFR 450.316) and the Florida Metropolitan Planning Organization (MPO) Handbook.
- 2) The ECRC board adopts the RRTP Public Participation Plan.

**Duly passed and adopted by the Emerald Coast Regional Council on this 27<sup>th</sup> day of August, 2026.**

BY:

  
Kurvin Qualls, Chair

ATTEST:

  
Kandase Lee, ECRC Chief Executive Officer



# RURAL PROGRAM OVERVIEW

The Regional Rural Transportation Program (RRTP) was initiated as a pilot project to give the rural areas of the Emerald Coast Region a mechanism to collaborate in identifying and documenting their transportation needs. This plan functions similarly to the Transportation Planning Organization (TPO) Long Range Transportation Plan process. It covers a 20-year planning horizon, prioritizes short- and long-range projects for consideration in the Statewide Transportation Improvement Program (STIP), and meets the goals of the Florida Transportation Plan (FTP).

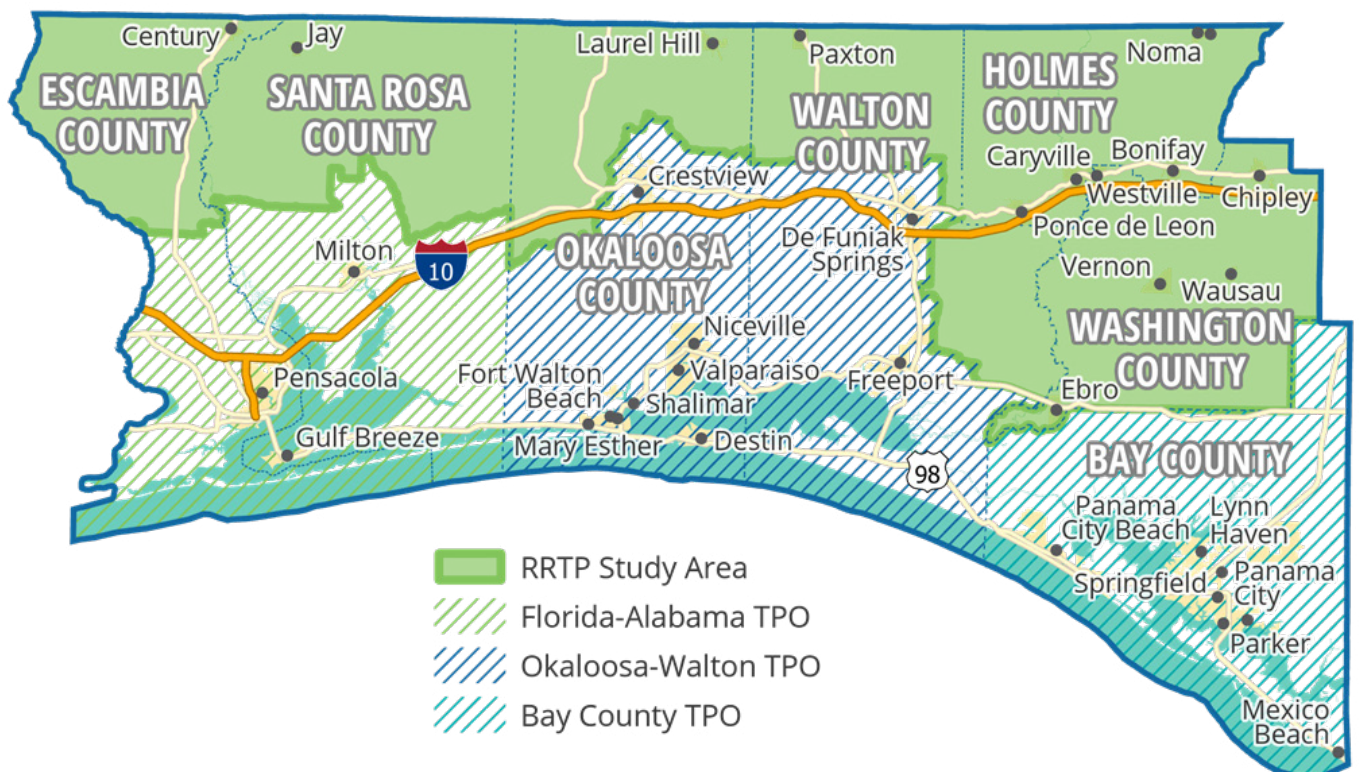
The RRTP Needs Plan will be evaluated annually. As funding mechanisms are identified and projects are funded, and/or new projects are identified, existing projects may move off the ranked lists or be reranked. Major RRTP updates will include a review of all plan components and are anticipated to occur every five years. The project webpage will continue to be updated with relevant plan information and can be accessed at [www.ecrc.org/RRTP](http://www.ecrc.org/RRTP).

The geographic extent of the plan is the **7-county area bordering the existing Metropolitan Planning Area** of each of the three TPOs (Florida-Alabama, Okaloosa-Walton, and Bay County TPOs) within FDOT District Three and **consists of the following counties:**

Escambia County  
Santa Rosa County  
Holmes County

Okaloosa County  
Walton County

Washington County  
Bay County



# ORGANIZATIONAL STRUCTURE

## **Emerald Coast Regional Council Board**

As the Rural Transportation Planning project administrator, the ECRC functions as the Regional Transportation Planning Organization (RTPO) and created a Transportation Advisory Committee (TAC). The Regional Transportation Planning Organization is the overseeing body of all Rural Transportation Planning project efforts and approves final documents, budgets, etc.

## **Transportation Advisory Committee**

The TAC is an advisory committee to the ECRC Board of Directors. The purpose of the committee is to review issues of importance related to the Rural Transportation Planning efforts and to make recommendations to the ECRC Board.

The TAC has a maximum of **14 voting members**, all appointed by the ECRC Board Members:

- 7 non-elected representatives per county
- 7 non-elected representatives per city

The TAC elects a Chair and Vice Chair to serve one year terms and oversee official meetings. Annual elections are held annually during the September meeting. A quorum is achieved when three (3) Committee members are present, including the Chair or Vice Chair.

## **Stakeholders**

A stakeholder is defined as any person or group that is affected by transportation plans or programs, including those who may not be aware they are affected. The following groups and individuals are considered stakeholders in the transportation planning process and the audience for various communication tools and outreach efforts:

- Transportation agencies; freight and passenger railroads; logistics providers
- Media
- Homeowners/neighborhood associations
- Civic and advocacy groups
- Business community
- Interested parties expressing an interest in transportation planning
- Area Chambers of Commerce and Economic Development Agencies
- Environmental groups
- Pedestrian and bicycle users
- Special populations and groups
- Large employers
- Boards of Education
- Other stakeholders identified by the RRTP

Contact lists will be updated on a continuous basis, containing stakeholder emails and phone numbers. These contact lists will be used to promote participation in the RRTP process, facilitate presentations, and help form the TAC.



# INTENT OF THE PPP

The RRTP Public Participation Plan (PPP) provides a framework for methods of engaging the public, one of the key elements of effective planning. Engaging more citizens in the planning process leads to a stronger plan that better addresses the community's needs. Providing opportunities for public participation helps minimize challenges in later phases of the plan by identifying and addressing potential issues during the planning stage.

The test of successful public participation is the level of early awareness and the quantity, quality, and relevance of feedback received. The PPP is designed to identify strategies for gathering public input most effectively to use throughout the planning process and in the development of transportation plans and programs. Techniques for most effectively reaching the public are subject to ever-changing technologies and trends. The appropriate level of public involvement will vary by product.

## ECRC POLICY ON PUBLIC PARTICIPATION

The Code of Federal Regulations (450.316(b)(1)) and the Florida Metropolitan Planning Organization (MPO) Handbook outline public involvement requirements for defining a process for involving the public in the transportation planning process. The ECRC is committed to providing stakeholders with opportunities to provide input for transportation plans and programs. Likewise, the FHWA and FDOT encourage the ECRC to solicit public input in all efforts.



### IT IS THE POLICY OF THE ECRC TO:

- Provide complete and ***easily understood information*** for all segments of the public, particularly those affected by the outcomes and/or special populations
- Support ***early and continuous involvement of the public*** in the development and implementation of transportation plans and programs
- Continually ***identify and implement ways to improve*** the public participation process



# TITLE VI & ADA

The ECRC is committed to ensuring that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any of its programs, activities, or services on the basis of race, color, or national origin. All persons, regardless of their citizenship, are covered under this regulation. In addition, the ECRC prohibits discrimination on the basis of race, color, or national origin in its employment and business opportunities.

ECRC will ensure that its programs, policies, and activities comply with both the Federal Transit Administration (FTA) and FDOT Title VI Regulations of the Civil Rights Act of 1964. The ECRC will not condone retaliation against an individual for his/her involvement in asserting his/her rights pursuant to Title VI or because he/she filed a complaint or participated in an investigation under Title VI, and/or these regulations.

With adequate notice, the ECRC will accommodate citizens who are hearing and visually impaired, of limited English proficiency, transportation disadvantaged, or have other specific special needs, at all public meetings and workshops.

## TRADITIONALLY, UNDER-REPRESENTED AND UNDER-SERVED POPULATIONS

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal funds. In addition to considering minority and low-income persons as required by Title VI of the Civil Rights Act of 1964, ECRC identifies and addresses, as appropriate, disproportionately high and adverse human health impacts or economic constraints of its programs, policies, and activities on minority populations and low-income populations within the RRTP Study Area.

ZIP codes within ECRC RRTP Counties with higher concentrations of minority, transit-dependent, low-income, older adult, and Limited English Proficiency (LEP) will be identified as Economically Constrained Communities. If participation from economically constrained communities is disproportionately low, the Project Team will implement targeted measures to improve engagement.

For example:

- If a transit-dependent, economically constrained community shows significantly low participation, smaller community meetings or outreach events may be held within the immediate area to minimize travel barriers.
- The Project Team will collaborate with counties and municipalities to identify accessible meeting locations to enhance participation.

These measures aim to ensure inclusive and equitable participation throughout the planning process.



# ADA STATEMENT

Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act of 1990 (ADA) and related federal and state laws and regulations forbid discrimination against those who have disabilities. Furthermore, these laws require federal-aid recipients and other government entities to take affirmative steps to reasonably accommodate those with disabilities and ensure that their needs are equitably represented in transportation programs, services and activities.

The Agency will make every effort to ensure that its facilities, programs, services, and activities are accessible to those with disabilities. The Agency will also make every effort to ensure that its advisory committees, public involvement activities and all other programs, services and activities include representation by communities with disabilities and disability service groups. The Agency encourages the public to report any facility, program, service, or activity that appears inaccessible to those who are disabled. Furthermore, the Agency will provide reasonable accommodations to individuals with disabilities who wish to participate in public involvement events or who require special assistance to access facilities, programs, services or activities. Because providing reasonable accommodation may require outside assistance, organization or resources, the Agency asks that **requests be made at least 3 calendar days prior to the need for accommodation.**

## TITLE VI COMPLAINT PROCEDURES

The Agency has established a discrimination complaint procedure and will take prompt and reasonable action to investigate and eliminate discrimination when found. Any person who believes that he or she has been subjected to discrimination based upon race, color, national origin, sex, religion, age, disability or family status in any Agency program, service or activity may file a complaint with the Agency Title VI/ Nondiscrimination Coordinator. If you feel you have been discriminated against or denied access to the Emerald Coast Regional Council's programs, services, or activities in violation of the Florida's Title VI/ Nondiscrimination or ADA policy, **you may file a signed, written complaint form** with the Emerald Coast Regional Council's ADA/Title VI Coordinator **within 30 days of the alleged discrimination.**

If possible, the complaint should be submitted in writing and contain the identity of the complainant; the basis for the allegations (i.e., race, color, national origin, sex, religion, age, disability or family status); and a description of the alleged discrimination with the date of occurrence. If the complaint cannot be submitted in writing, the complainant should contact the Title VI/Nondiscrimination Coordinator for assistance.

The Title VI/Nondiscrimination Coordinator will respond to the complaint within thirty (30) calendar days and will take reasonable steps to resolve the matter. Should the Agency be unable to satisfactorily resolve a complaint, the Agency will forward the complaint, along with a record of its disposition to the appropriate FDOT District Office.

The Agency Title VI Coordinator has 'easy access' to the Agency Chief Executive Officer (CEO) and is not required to obtain management or other approval to discuss discrimination issues with the CEO. However, should the complainant be unable or unwilling to complain to the Agency, the written complaint may be submitted directly to Florida Department of Transportation (FDOT). FDOT serves as a statewide clearinghouse for Title VI purposes and will either assume jurisdiction over the complaint or forward it to the appropriate federal or state authority for continued processing:

### Florida Department of Transportation

Equal Opportunity Office  
ATTN: Title VI Complaint Processing  
605 Suwannee Street MS 65  
Tallahassee, FL 32399



# REQUEST ACCOMMODATIONS OR FILE COMPLAINTS

**Name:** Leandra Meredith, ADA/Title VI Coordinator

**Address:** Emerald Coast Regional Council,  
PO Box 11399, Pensacola, FL 32524

**Email:** Leandra.Meredith@ecrc.org

**Phone:** (850) 332-7976 ext 203 (office)

**Hearing Impaired:** TTY 711

Complaint & Accommodation Request forms are available online at **[www.ecrc.org/TitleVIADA](http://www.ecrc.org/TitleVIADA)** and at the end of this document - **Appendix Figure 2 & 3**



# GOALS & OBJECTIVES

The RRTP incorporates four primary public participation and outreach goals, as outlined in the RRTP Public Participation Plan (PPP). To achieve these goals, a range of public involvement and outreach methods will be proposed and utilized during the update of the Regional Rural Transportation Plan.

These goals are as follows:



## GOAL 1: EARLY AND CONSISTENT INVOLVEMENT

Engage the public and stakeholder agencies early in the project and throughout each key phase of the planning process:

- Information Phase – Inform the public and stakeholders about the plan’s purpose, timeline, major milestones, and how they can stay involved and informed.
- Decision-making Phase – Identify specific opportunities for public and stakeholder input at key decision-making points that affect the development of the plan.
- Review Phase – Allow the public to review and provide input on a draft version of the completed plan.

## GOAL 2: OPPORTUNITY

Ensure citizens and stakeholder agencies have meaningful opportunities to participate in all phases of the public involvement process. Special emphasis will be placed on engaging traditionally under-represented or under-served communities.

## GOAL 3: INFORMATION AND COMMUNICATION

Provide citizens and stakeholder agencies with clear, timely, and accurate information about the plan as it progresses, ensuring transparency and accessibility.

## GOAL 4: RANGE OF TECHNIQUES

Implement a broad spectrum of outreach techniques to engage the diverse populations within the project area.



# OUTREACH STRATEGIES

The following methods have proven effective in previous outreach efforts by the ECRC Board and will guide future activities:

- Review previous assessments and activities to identify successful and unsuccessful public outreach approaches.
- Analyzing Community Profiles to understand the demographics of the RRTP Study Area, including traditionally underserved communities, to guide outreach strategies.
- Develop a list of specific public involvement and outreach tasks to include in future plan scope of services.

## STRATEGIES USED BY THE RRTP MAY INCLUDE:

- Outreach
- Awareness/Education
- Documentation
- Public Meetings & Workshops



## OUTREACH

- Identifying stakeholders, organizations, traditionally underserved communities, tribal organizations, and media outlets.
- Utilizing Virtual Public Involvement (VPI) tools.
- Distribute news releases and conduct radio/TV interviews.
- Posting public notices.
- Creating and distributing surveys with at least a 30-day timeframe for public comment.
- Hosting public open houses, workshops, forums, and focus groups.
- Delivering presentations to civic and community groups.
- Providing comment cards. **Appendix Figure 1**
- Using GIS maps and other technology tools.
- Developing and staffing a steering committee.

## AWARENESS/EDUCATION

- Sending email notifications to stakeholders, organizations, underserved communities, tribal organizations, and media outlets.
- Creating social media posts, hosting events, and/or organizing Virtual Open Houses.
- Maintaining a dedicated section on the ECRC website for updates and information.

## DOCUMENTATION

- Compiling survey results and comments.
- Mapping outreach locations using GIS tools.
- Documenting outreach events with photos.
- Tracking email open and click rates.
- Measuring social media engagement.
- Posting oral and written comments alongside draft documents on the RRTP website.
- Public Meeting & Workshop Summaries
- Create demographic profiles for each region in the RRTP study area consisting of:
  - ◇ Population
  - ◇ Housing
  - ◇ Business Profile
  - ◇ Education
  - ◇ Employment

## PUBLIC MEETINGS & WORKSHOPS

The RRTP follows these procedures for public meetings:

1. Creating a social media event or post.
2. Issuing a news release or a reminder release.
3. Listing the event on the website calendar.
4. Send email notifications to RRTP TAC members, interested parties, and city and county partners.



5. Include Title VI/ADA Statement in meeting notifications:  
*In compliance with the Americans with Disabilities Act (ADA), reasonable accommodations to access information, meetings, and services for individuals with Limited English Proficiency are available upon request. Individuals requiring special accommodations under the ADA or translation services should contact us toll-free at 1-800-226-8914, ext. 203, or use TTY-Florida at 1-800-995-8771 at least 48 hours in advance.*

*Participation is encouraged without regard to race, color, national origin, age, sex, religion, disability, or family status. Individuals who believe they have experienced discrimination based on any of these conditions may file a complaint with Leandra Meredith, Title VI Coordinator, at leandra.meredith@ecrc.org or call 850-332-7976, ext. 203.*

*Se solicita la participación del público sin importar la raza, el color, la nacionalidad, la edad, el género, la religión, la discapacidad o la situación familiar. Las personas que requieran acomodaciones especiales conforme a la Ley de Americanos con Discapacidades o las personas que requieran servicios de traducción deben comunicarse con Ada Clark al 850-332-7976, ext. 278 o ada.clark@ecrc.org al menos 48 horas de anticipación. Las personas con deficiencias auditivas deben llamar al 1-800-955-8771 (TTY).*

### Public Workshops

Public workshops follow the same procedures as public meetings and may also include:

1. Emailing flyers to committees, interested parties, public transit providers, and community facilities.
2. Posting event details on community event calendars, such as those for libraries and community centers.
3. Developing tailored presentations and activities as needed.

### Emergency & Special Meetings

The ECRC CEO may call for an emergency meeting of their respective board or committee when, in their opinion, an emergency exists which requires immediate action. A special meeting may be called by the ECRC CEO or a majority of the voting members at a regular meeting.

- Emergency & Special meetings should be scheduled to allow a seven-day public notice, whenever possible, and will be noticed as described above in Goal 1: Inform the Public.
- In the event a seven-days public notice is not possible, at least a 24-hour advance public notice of the emergency meeting shall be given to local media services before the time the meeting is held.

## PUBLIC NOTIFICATION & OUTREACH TIMELINES

|                                         | Project Priorities                  | PPP           | LRTP             |
|-----------------------------------------|-------------------------------------|---------------|------------------|
| Major Update                            | Every Year                          | As Needed     | Every Five Years |
| Adoption Public Comment Period          | 30 Days Prior                       | 45 Days Prior | 30 Days Prior    |
| Meeting & Workshop Public Notice Period | 7 Days Prior to Meeting or Workshop |               |                  |
| Amendments Schedule                     | N/A                                 | As Needed     | As Needed        |
| Amendment Public Comment Period         | N/A                                 | 45 Days Prior | 7 Days Prior     |



# PLANS AND DOCUMENTS

The RRTP continuously develops and updates several plans and programs. In exercising its authority to guide the expenditure of federal and state transportation funds, it is critical for the PPP to provide complete information and timely public notice, and to support continuing involvement of the public in the development of plans and programs. The RRTP operates on an annual cycle with a fiscal year of July 1 through June 30.

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## PROJECT PRIORITIES

The Project Priorities are reviewed with the public and the RRTP TAC and ECRC Board annually. Once adopted by the ECRC board, the Project Priorities are given to FDOT for potential funding in the next five years.

## ADDITIONAL PROJECTS & PLANS

Public involvement strategies and techniques vary widely depending on the depth and detail of a project or plan. Examples include Pedestrian-Bicycle Plan, Regional Freight Plan, and Corridor Management Plans. Project specific public participation elements will be included early in the planning process.

## AMENDMENTS

Amendments are revisions that may involve the addition or deletion of a major project, a major change in project cost, or a major change in design concept or design scope. Amendments require a formal public review and comment period. ECRC staff, with ECRC board consultation, will make this determination based on the project, the nature of the change, the number of counties affected, and the impact on the planning process. Because of the wide variability in what an amendment can include, the ECRC reserves the right to determine what participation techniques are appropriate, recognizing that outreach measures should fit the amendment content. At all times, the public, interested parties, policy makers, and partners can obtain the full extent of information about each project change.

## ADMINISTRATIVE MODIFICATIONS

Administrative modifications to the PPP, RRTP LRTP, or Project Priorities are minor revisions and do not require public review but must be included in the public notice for the RRTP TAC and ECRC Board meeting when the modification is presented for review and adoption.





## ASSESSMENT OF PUBLIC PARTICIPATION STRATEGIES

The Regional Rural Transportation Program and ECRC are committed to evaluating the effectiveness of its public participation strategies to ensure that time and resources are used efficiently and that public participation activities achieve their intended goals. As a standard practice, the RRTP evaluates public outreach activities regularly for all projects and initiatives.

If an assessment indicates that the public participation goals are not being met, strategies may be modified or replaced to improve effectiveness.

The effectiveness of the ECRC's public participation activities is measured using the following metrics:

- Number and quality of outreach opportunities
- Number and reach of social media posts
- Number of eblasts sent & interaction with links
- Number of news release subscribers (media, groups, and organizations) and news releases distributed
- Number of attendees at public workshops and the number of comments received
- Number of completed surveys

Regular assessments help ECRC identify areas for improvement and ensure meaningful public engagement in the rural planning process.



# APPENDIX

**FIGURE 1**  
RRTP Public Comment Form. .... 16

**FIGURE 2**  
Accommodation Request form ..... 17

**FIGURE 3**  
Complaint of Discrimination Form (English). .... 18

**FIGURE 4**  
Complaint of Discrimination Form (Spanish). .... 20

**FIGURE 5**  
List of Title VI Investigations ..... 22



## COMMENT CARD

Public input is crucial to the transportation planning process. Please write your comments below as legibly as possible. Your name and contact information are optional. **Thank you!**

Name:

Email:

Zip Code:

Comments:



## ACCOMMODATION REQUEST FORM

The Emerald Coast Regional Council does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals with disabilities and/or their companions seeking access to a facility, program, service or activity.

### ACCOMMODATION REQUEST INFORMATION

Name: \_\_\_\_\_ Telephone (or TTY): \_\_\_\_\_

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

The program or facility to which I am requesting access is located at:

\_\_\_\_\_

#### I am requesting the following accommodation(s):

- ☐ Wheelchair Access
- ☐ Language translation services
- ☐ Sign Language Interpretation
- ☐ Written Material in Alternate Format (Large Print, Computer Disc)
- ☐ Written Material in Braille
- ☐ Reader
- ☐ Modification of Policy Procedures
- ☐ Other

Please provide any other details or information necessary to process this request.

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE RETURN THIS FORM TO

Name: Leandra Meredith, Title VI Coordinator

Address: Emerald Coast Regional Council, P.O. Box 11399, Pensacola, FL, 32524

Email: Leandra.Meredith@ecrc.org

Phone: (850) 332-7976 ext 203

Hearing Impaired: TTY 711



# Complaint of Discrimination

The Emerald Coast Regional Council abides by both the Federal Transit Administration and the Florida Department of Transportation's Title VI/Nondiscrimination Programs. As a result, it is the policy of this agency, under ***Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Section 324 of the Federal-Aid Highway Act of 1973; Civil Rights Restoration Act of 1987; the Florida Civil Rights Act of 1992***, and related statutes and regulations, that no person in the United States shall, on the basis of race, color, national origin, sex, age, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by this agency or its sub-recipients.

## Section I:

Complainant(s) Name:

Complainant(s) Address:

|                   |                   |                |
|-------------------|-------------------|----------------|
| Telephone (Home): | Telephone (Work): | Email Address: |
|-------------------|-------------------|----------------|

Accessible Format Requirements:      Large Print ☐      TDD ☐      Audio Tape ☐      Other ☐

## Section II:

Are you filing this complaint on your own behalf?      Yes\* ☐      No ☐

**\*If you answered "yes", go to Section III.**

|                                                                                                          |       |               |
|----------------------------------------------------------------------------------------------------------|-------|---------------|
| If not, please supply the name and relationship of the person for whom you are submitting the complaint: | Name: | Relationship: |
|----------------------------------------------------------------------------------------------------------|-------|---------------|

Please explain why you are filing for a third party:

Please confirm that you have obtained permission from the aggrieved party if you are filing on behalf of a third party:      Yes ☐      No ☐

## Section III:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                              |                                          |                              |                              |                                              |                                        |                                      |                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------|------------------------------------------|------------------------------|------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------|--|
| I believe the discrimination I experienced was based on (check all that apply):                                                                                                                                                                                                                                                                                                                                                                       | Date of Alleged Discrimination:      |                                              |                                          |                              |                              |                                              |                                        |                                      |                                |  |
| <table border="0"><tr><td><input type="checkbox"/> Race</td><td><input type="checkbox"/> Color</td><td><input type="checkbox"/> National Origin</td></tr><tr><td><input type="checkbox"/> Sex</td><td><input type="checkbox"/> Age</td><td><input type="checkbox"/> Handicap/Disability</td></tr><tr><td><input type="checkbox"/> Income Status</td><td><input type="checkbox"/> Retaliation</td><td><input type="checkbox"/> Other</td></tr></table> | <input type="checkbox"/> Race        | <input type="checkbox"/> Color               | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> Handicap/Disability | <input type="checkbox"/> Income Status | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other |  |
| <input type="checkbox"/> Race                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Color       | <input type="checkbox"/> National Origin     |                                          |                              |                              |                                              |                                        |                                      |                                |  |
| <input type="checkbox"/> Sex                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Age         | <input type="checkbox"/> Handicap/Disability |                                          |                              |                              |                                              |                                        |                                      |                                |  |
| <input type="checkbox"/> Income Status                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other               |                                          |                              |                              |                                              |                                        |                                      |                                |  |

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witness. If more space is needed, please use the back of this form.

## Section IV

Have you previously filed a Title VI complaint with this agency?      Yes ☐      No ☐

|                                                                                                                                                                                                                    |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Section V</b>                                                                                                                                                                                                   |                                               |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span> |                                               |
| If yes, check all that apply and list name of agency/court if known:                                                                                                                                               |                                               |
| <input type="checkbox"/> Federal Agency: _____                                                                                                                                                                     | <input type="checkbox"/> Federal Court: _____ |
| <input type="checkbox"/> State Agency: _____                                                                                                                                                                       | <input type="checkbox"/> State Court: _____   |
| <input type="checkbox"/> Local Agency: _____                                                                                                                                                                       |                                               |
| <b>Section VI</b>                                                                                                                                                                                                  |                                               |
| Please provide information about a contact person at the agency/court where the complaint was filed.                                                                                                               |                                               |
| Name: _____                                                                                                                                                                                                        | Title: _____                                  |
| Agency: _____                                                                                                                                                                                                      | Telephone: _____                              |
| Address: _____                                                                                                                                                                                                     |                                               |
| You may attach any written materials or other information that you think is relevant to your complaint.                                                                                                            |                                               |
| Complainant(s) or Complainant(s) Representatives Signature: _____                                                                                                                                                  | Date of Signature: _____                      |

Please mail this form to:

**Emerald Coast Regional Council**  
 Leandra Meredith, Title VI Coordinator,  
 418 E Gregory Street, STE 100, Pensacola, FL 32502  
 Office: (850) 332-7976 Mobile: (270) 206-5519  
 Hearing Impaired: TTY 711 Fax: (850) 637-1923  
 Email: [Leandra.Meredith@ecrc.org](mailto:Leandra.Meredith@ecrc.org)

|                                    |                                         |                              |
|------------------------------------|-----------------------------------------|------------------------------|
| <b>Internal Use Only</b>           |                                         |                              |
| Date Complaint Was Received: _____ | Date Investigation Was Completed: _____ | Investigator Assigned: _____ |



# Complaint of Discrimination

El Emerald Coast Regional Council cumple con los programas del Título VI y de no discriminación de la Administración Federal de Tránsito y del Departamento de Transporte de Florida. En consecuencia, es política de esta agencia, de conformidad con el Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación por Edad de 1975, la Sección 324 de la Ley de Carreteras con Ayuda Federal de 1973, la Ley de Restauración de los Derechos Civiles de 1987, la Ley de Derechos Civiles de Florida de 1992 y demás leyes y reglamentos aplicables, que ninguna persona en los Estados Unidos sea excluida de participar, se le nieguen los beneficios o sea objeto de discriminación o represalias por motivos de raza, color, origen nacional, sexo, edad, discapacidad o nivel de ingresos en cualquier programa o actividad, independientemente de que reciba o no fondos federales, administrado por esta agencia o por sus subreceptores.

## Sección I:

Nombre Del Demandante:

Dirección Del Demandante:

Teléfono (Casa):

Teléfono (Trabajo):

Dirección De Correo Electrónico:

Requisitos formato accessible:

Letra Grande ☐

TDD ☐

Audio Tape ☐

Otro ☐

## Sección II:

¿Está presentando esta queja en su propio nombre?

**\*Si usted contestó "sí" a esta pregunta, vaya a la Sección**

Sí\* ☐

No ☐

## III.

Si no es así, por favor provea el nombre y la relación de la persona a la que usted se está quejando por:

Nombre:

Relación:

Por favor, explique por qué usted ha presentado por una tercera persona:

Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero:

Sí ☐

No ☐

## Sección III:

Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):

☐ Raza

☐ Color

☐ Origen Nacional

☐ Sexo

☐ Edad

☐ Handicap/Discapacidad

☐ Estado de Ingresos

☐ Represalias

☐ Otro

Fecha de la Discriminación Presunta:

Explique lo más claramente posible lo que pasó y por qué cree que fue discriminado. Describa todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de los testigos en contacto. Si se necesita más espacio, por favor use el reverso de este formulario.

## Sección IV



FIGURE 4 COMPLAINT OF DISCRIMINATION FORM (SPANISH)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|-----------------------------|
| ¿Ha presentado previamente una queja del Título VI con esta agencia?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Sección V</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                             |
| ¿Ha presentado esta queja ante cualquier otro, estatal o agencia local Federal, o ante cualquier tribunal federal o estatal?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>En caso afirmativo, marque todo lo que corresponda:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Agencia federal _____             </div> <div style="width: 45%;"> <input type="checkbox"/> Tribunal Federal: _____             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Agencia Estatal: _____             </div> <div style="width: 45%;"> <input type="checkbox"/> Tribunal Estatal: _____             </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Agencia Local: _____             </div> <div style="width: 45%;"></div> </div> |  |                             |                             |
| <b>Sección VI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                             |                             |
| Por favor provea información sobre una persona de contacto en la agencia/tribunal donde se presentó la denuncia.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                             |
| Nombre:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Título:                     |                             |
| Agencia:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Teléfono:                   |                             |
| Dirección:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                             |                             |
| Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |                             |
| Demandante (s) o recurrente (s) Representantes Firma Del:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Fecha de la firma:          |                             |

Por favor envíe este formulario a:

**Emerald Coast Regional Council**  
 Leandra Meredith, Coordinador del Título VI  
 418 E Gregory Street, STE 100, Pensacola, FL 32502  
 Office: (850) 332-7976 Mobile: (270) 206-5519  
 Hearing Impaired: TTY 711 Fax: (850) 637-1923  
 Email: [Leandra.Meredith@ecrc.org](mailto:Leandra.Meredith@ecrc.org)

|                               |                                       |                        |
|-------------------------------|---------------------------------------|------------------------|
| <b>Sólo para uso interno:</b> |                                       |                        |
| Fecha De Recibimiento por:    | Fecha De La Investigación Completada: | Investigador Asignado: |
|                               |                                       |                        |



## Title VI Investigations, Complaints & Lawsuits

There have been no Title VI complaints, investigations, or lawsuits, filed with the Emerald Coast Regional Council in the past 3 years as of the date of this document.

| <i>Type of Process</i> | <i>Date*</i> | <i>Summary**</i> | <i>Status</i> | <i>Action(s) Taken</i> |
|------------------------|--------------|------------------|---------------|------------------------|
| <i>Investigations</i>  |              |                  |               |                        |
| 1.                     |              |                  |               |                        |
| <i>Lawsuits</i>        |              |                  |               |                        |
| 1.                     |              |                  |               |                        |
| <i>Complaints</i>      |              |                  |               |                        |
| 1.                     |              |                  |               |                        |

\*Month, Day, and Year

\*\*Including basis of complaint: race, color, national origin, sex, age, handicap/disability, income status, retaliation, or other)

