

Title VI Policy Complaint Procedure and Form

The Emerald Coast Regional Council abides by both the Federal Transit Administration and the Florida Department of Transportation's (FDOT) 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.

Any person who believes he or she has been discriminated against by the Emerald Coast Regional Council, (hereinafter referred to as "Agency") may file a Title VI complaint by completing and submitting ECRC's Title VI Complaint Form. The Title VI Coordinator investigates complaints received no more than 180 days after the alleged incident. The Title VI Coordinator will only process complaints that are complete. The following procedures will be used to investigate formal Title VI complaints:

Once the complaint is received, the Title VI Coordinator will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter or email informing her/him whether the complaint will be investigated by our office. The complaint will be confidential.

The TPO has 60 days to investigate the complaint. If more information is needed to resolve the case, the Title VI Coordinator may contact the complainant. The complainant has 10 business days from the date of contact to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the Title VI Coordinator can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, he/she will present the case to the Agency board only. The Agency will issue one of two determinations to the complainant: a closure letter/email or a letter/email of finding. A closure letter/email summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A letter/email of finding summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, he/she has 30 days after the date of the determination letter/email to do so. The complaint case will be filed in the office electronically.

The person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, East Building, 5th Floor TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590.

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:

- | | | |
|--|--------------------------------------|--|
| ☐ Race | ☐ Color | ☐ National Origin |
| ☐ Sex | ☐ Age | ☐ Handicap/Disability |
| ☐ Income Status | ☐ Retaliation | ☐ 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 ☐

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? Yes ☐ No ☐	
If yes, check all that apply and list name of agency/court if known:	
☐ Federal Agency: _____	☐ Federal Court: _____
☐ State Agency: _____	☐ State Court: _____
☐ Local Agency: _____	
Section VI	
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,
 4081 E. Olive Rd. Pensacola, Florida 32514
 Office: (850) 332-7976 Mobile: (270) 206-5519
 Hearing Impaired: TTY 711 Fax: (850) 637-1923
 Email: Leandra.Meredith@ecrc.org

Internal Use Only		
Date Complaint Was Received: _____	Date Investigation Was Completed: _____	Investigator Assigned: _____

Complaint of Discrimination



La Organización de Planificación de Transporte del Florida-Alabama permanece tanto por la Administración Federal de Tránsito y el Departamento de Programas Título / No Discriminación VI de Transporte de la Florida. Como resultado de ello, es la política de este organismo, en el **Título VI de la Ley de Derechos Civiles de 1964; Sección 504 de la Ley de Rehabilitación de 1973; Ley de Discriminación por Edad de 1975; Sección 324 de la Ley Federal de Carreteras-Aid de 1973; Ley de Restauración de Derechos Civiles de 1987; la Ley de Derechos Civiles de Florida de 1992**, y los estatutos y reglamentos relacionados, que ninguna persona en los Estados Unidos será, sobre la base de raza, color, origen nacional, sexo, edad, discapacidad / impedimento o estado de ingresos, ser excluido de la participación en, ser negado los beneficios de, o ser sujeto de otro modo a discriminación o represalia bajo cualquier programa no federal con fondos federales o actividad administrada por esta agencia o sus sub-receptores.

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:

Si ☐

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

¿Ha presentado previamente una queja del Título VI con esta agencia?		Sí ☐	No ☐
Sección V			
¿Ha presentado esta queja ante cualquier otro, estatal o agencia local Federal, o ante cualquier tribunal federal o estatal?		Sí ☐	No ☐
En caso afirmativo, marque todo lo que corresponda: ☐ Agencia federal _____ ☐ Tribunal Federal: _____ ☐ Agencia Estatal: _____ ☐ Tribunal Estatal: _____ ☐ Agencia Local: _____			
Sección VI			
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
 4081 E. Olive Rd. Pensacola, Florida 32401
 Office: (850) 332-7976 Mobile: (270) 206-5519
 Hearing Impaired: TTY 711 Fax: (850) 637-1923
 Email: Leandra.Meredith@ecrc.org

Sólo para uso interno:		
Fecha De Recibimiento por:	Fecha De La Investigación Completada:	Investigador Asignado:

Title VI Investigations, Complaints & Lawsuits

There have been no Title IV 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)