

BROWARD METROPOLITAN PLANNING ORGANIZATION

TITLE VI DISCRIMINATION COMPLAINT PROCEDURES

The Broward Metropolitan Planning Organization (Broward MPO) values diversity and both welcomes and actively seeks input from all interested parties, regardless of cultural identity, background or income level. Moreover, the Broward MPO does not tolerate discrimination in any of its programs, services or activities. The Broward MPO will not exclude participation in, deny the benefits of, or subject to discrimination anyone on the grounds of race, color, national origin, sex, age, disability, religion, income or family status. The Broward MPO will actively work to ensure inclusion of everyone in our community so that Broward MPO programs, services and activities represent the diversity we enjoy.

The purpose of the Broward MPO Title VI program is to establish and implement procedures that comply with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, the Americans with Disabilities Act of 1990 (ADA), as well as other related federal and state statutes and regulations. These procedures have been adopted to conform to Federal Transit Administration (FTA) and Federal Highway Administration (FHWA) regulations, as well to Florida Department of Transportation (FDOT) guidelines.

COMPLAINT PROCEDURE

A. Filing of Title VI Complaints of Discrimination

1. Any person who feels that he/she has been subjected to race, color, or national origin discrimination under Title VI of the Civil Rights Act of 1964, or other forms of discrimination based upon sex, age, disability, religion, family or income status discrimination under related nondiscrimination laws and regulations may file a complaint with the MPO.
2. A complaint must be filed within one hundred eighty (180) days after the date of the alleged discrimination, unless the time for filing is extended by the FTA, FHWA or other federal authorities.
3. Complaints should be in writing, signed by the complainant or his/her representative(s), and must include the complainant(s) name, address, and telephone number. Allegations of discrimination received via facsimile or e-mail will be acknowledged and processed. Allegations received by telephone will be documented in writing and provided to the complainant(s) for review before processing. The complaint form can be accessed on the website: www.browardmpo.org or you may call Christopher Ryan at (954) 876-0036, if hearing impaired call 1-800-273-7545 (TDD) or e-mail ryanc@browardmpo.org

Signed complaint forms should be submitted to:

Attention: Broward Metropolitan Planning Organization
Christopher Ryan, Title VI Coordinator
100 West Cypress Creek Road, Suite 650
Fort Lauderdale, FL 33309

B. Complaint Investigation

1. Upon receipt of a signed complaint, the Broward MPO Executive Director or his/her designee will, within five (5) working days, provide the complaint or his/her representative with a written acknowledgement of the complaint.
2. Broward MPO Staff will conduct a preliminary inquiry into the complaint to determine whether the complaint has sufficient merit to warrant an investigation. Should Broward MPO Staff determine that the evidence presented is not sufficient to proceed, the complaint will be closed and the complainant or his/her representative will be notified in writing of the decision within fifteen (15) working days. This notification shall specifically state the reason(s) for the decision.
3. Should Broward MPO Staff determine that a full investigation is necessary, the complainant or his/her representative will be notified that an investigation will take place and additional information will be requested, if necessary. The investigation should last no more than forty-five (45) working days.
4. Should a complainant fail to provide additional information within the prescribed timeframe, this may be considered as a failure to cooperate with the investigation, and the complaint will be administratively closed.

C. Disposition

1. Upon completion of the investigation, a written notification of disposition will be sent by certified mail to the complainant or his/her representative within sixty (60) working days of filing the complaint.
2. If the complainant disagrees with the decision rendered by the Broward MPO, he/she will be notified of the right to request reconsideration with thirty (30) days, or to file a complaint with the FTA or FHWA Offices of Civil Rights, as applicable, at the following addresses:
Federal Transit Administration, Region IV
Office of Civil Rights
61 Forsyth Street, S.W.
Suite 17T50
Atlanta, GA 30303-8917 / Telephone: (404) 562-3500

Federal Highway Administration
Office of Civil Rights - Investigations and Adjudications
HCR-40, Room E81-328
1200 New Jersey Avenue, SE
Washington, DC 20590

D. Retaliation

Retaliation is prohibited under Title VI of the Civil Rights Act of 1964 and related federal and state nondiscrimination authorities. It is the policy of the Broward MPO that persons filing a complaint of discrimination should have the right to do so without interference, intimidation, coercion, or fear of reprisal. Anyone who feels he/she has been subjected to retaliation should report such incident to the Executive Director.

ADA/504 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 the disabled and ensure that their needs are equitably represented in the transportation planning process.

The Broward MPO will make every effort to ensure that its facilities, programs, services, and activities are accessible to those with disabilities. The Broward MPO will make every effort to ensure that its advisory committees and public involvement activities include representation by the disabled community and disability service groups.

The Broward MPO encourages the public to report any facility, program, service or activity that appears inaccessible to the disabled. Furthermore, the Broward MPO will provide reasonable accommodation to disabled individuals who wish to participate in public involvement events or who require special assistance to access Broward MPO facilities, programs, services or activities. Because providing reasonable accommodation may require outside assistance, organization or resources, the Broward MPO asks that requests be made at least seven (7) days prior to the need for accommodation.

Questions, concerns, comments or requests for accommodation should be made to:

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(954) 876-0036
ryanc@browardmpo.org
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LIMITED ENGLISH PROFICIENCY (LEP)

Title VI of the Civil Rights Act of 1964, Executive Order 13166, and various directives from the US Department of Justice (DOJ) and US Department of Transportation (DOT) require federal aid recipients to take reasonable steps to ensure meaningful access to programs, services and activities by those who do not speak English proficiently. To determine the extent to which LEP services are required and in which languages, the law requires the analysis of four factors:

- **Factor 1:** The number or proportion of LEP persons eligible to be served or likely to be encountered by the Broward MPO's programs, services or activities.
- **Factor 2:** The frequency with which LEP individuals come in contact with these programs, services or activities.
- **Factor 3:** The nature and importance of the program, service, or activity to people's lives.
- **Factor 4:** The resources available and the overall cost to the Broward MPO.

Persons requiring a copy of the Broward MPO's Limited English Proficiency Plan or special language assistance should contact:

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Fort Lauderdale, FL 33309
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BROWARD METROPOLITAN PLANNING ORGANIZATION
Organización de Planificación Metropolitana de Broward (MPO)

COMPLAINT OF TITLE VI DISCRIMINATION
Formulario de queja de discriminación por el Título VI

The Broward MPO, as a recipient of federal financial assistance, is required to ensure that its transit service and related benefits are distributed in a manner consistent with Title VI of the Civil Rights Acts of 1964, as amended.

La Organización de Planificación Metropolitana de Broward (MPO), como recipiente de ayuda financiera federal, es requerida a asegurar que el servicio de transporte público y sus servicios relacionados son distribuidos de una manera consistente con el Título VI del Acta de Derechos Civiles del 1964, con sus enmiendas.

Any person who believes that he or she, individually or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, or national origin, may file a written complaint with the Broward MPO.

Si usted cree que, individualmente o como parte de una clase específica de personas, ha sido discriminado bajo el Título VI, basado en su raza, color, o nacionalidad, puede presentar una queja por escrito al Broward MPO.

We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

Le pedimos la siguiente información para poder tramitar su queja. Si necesita ayuda para llenar este formulario, póngase en contacto con el Broward MPO.

1. Complainant
Reclamante

Name: _____
Nombre:

Street Address: _____
Dirección:

City, State, Zip Code: _____
Ciudad, estado, código postal:

Telephone: _____
Nº de teléfono:

E-mail Address: _____
Dirección de Correo Electrónico:

2. Person discriminated against (if someone other than the complainant):
Persona que fue discriminada, si no es la misma que el reclamante:

Name: _____
Nombre:

Street Address: _____
Dirección:

City, State, Zip Code: _____
Ciudad, estado, código postal:

Tel. Home Number: _____ Bus. Number _____
Nº de teléfono: Domicilio: Trabajo:

E-mail Address: _____
Dirección de Correo Electrónico:

3. Are you represented by an attorney for this complaint?
¿Tiene usted representación de un(a) abogado(a) con relación al asunto de su queja?

Yes _____
Sí

No _____
No

If yes, please complete the following:
Si tiene abogado(a), provea la siguiente información:

Attorney's Name: _____
Nombre del abogado(a):

Street Address: _____
Dirección:

City, State, Zip Code: _____
Ciudad, estado, código postal:

Telephone Number: _____
Nº de teléfono:

4. Which of the following best describes the reason you believe the discrimination took place:
Según lo que cree usted, ¿en qué se basaron esas acciones discriminatorias?

Race _____ Color _____ National Origin _____
Raza Color Nacionalidad

Sex _____ Disability _____ Sexual Orientation _____
Sexo Incapacidad/impedimento Orientación sexual

Political Affiliation _____ Marital Status _____
Afiliación política Estado civil

5. Date of the alleged discrimination: _____
Fecha de la supuesta discriminación:

6. In the space below, please describe the alleged discrimination. Explain what happened and who you believe was responsible.
Por favor describa abajo el supuesto acto de discriminación. Explique lo más claro posible lo que pasó y quien usted piensa es el responsable por el supuesto acto.

7. Have you filed a complaint of the alleged discrimination with a federal, state or local agency; or with a state or federal court?
¿Ha presentado usted (o la persona que fue discriminada) la queja ante una agencia del gobierno federal, estatal o local? ¿O ante la corte estatal o federal?

Yes _____
Sí

No _____
No

If yes, check all that apply:

Si es así, indique a qué agencia, departamento o programa fue presentada la queja. Incluya todos los que apliquen:

Federal _____
Federal

Federal Court _____
La corte federal

State _____
Estatad

State Court _____
La corte estatal

Local _____
Local

Please provide the name of the Agency where you filed your complaint.
¿Ante qué agencia usted presentó la queja?

Name: _____
Nombre:

Contact Person: _____
Nombre del investigador o representante:

Please sign below. You may attach any additional information you think is relevant to your complaint.

Por favor, firme el formulario. Adjunte cualquier información adicional usted cree que es pertinente con su queja.

Signature of Complainant

Firma del reclamante

Date

Fecha

Submit your signed complaint and any attachments to:

Entregue el formulario con su firma y páginas adicionales a:

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Telephone/Llame (954) 876 0033