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WEST CENTRAL FLORIDA METROPOLITAN PLANNING
ORGANIZATIONS
CHAIRS COORDINATING COMMITTEE

**DISCRIMINATION COMPLAINT
PROCEDURE**

July 2011/July 2012

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RESOLUTION

**A RESOLUTION OF THE
WEST CENTRAL FLORIDA METROPOLITAN PLANNING ORGANIZATIONS
CHAIRS COORDINATING COMMITTEE
ADOPTING THE TITLE VI DISCRIMINATION COMPLAINT PROCESS
FOR JULY 2011 - JULY 2012**

WHEREAS, the Title VI program was created by the Civil Rights Act of 1964 to prohibit discrimination on the basis of race, color age, sex, religion, disability, national origin and family status in programs and activities receiving federal financial assistance; and

WHEREAS, Executive Order 13166 of Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are considered Limited English Proficient (LEP); and

WHEREAS, the Metropolitan Planning Organizations (MPOs) of Hernando, Hillsborough, Pasco, Pinellas and Sarasota/Manatee counties, and the Polk County Transportation Planning Organization (TPO), and the Citrus County Board of County Commissioners receive federal financial assistance as sub recipients of the Florida Department of Transportation (FDOT); and

WHEREAS, the West Central Florida Metropolitan Planning Organizations Chairs Coordinating Committee (CCC) receives funding as a sub recipient of member MPOs/TPO and of the Citrus County Board of County Commissioners; and

WHEREAS, the CCC strongly supports the goals and objectives of Executive Order 13166 and Title VI of the Civil Rights Act of 1964, as demonstrated by its CCC Title VI program and its Limited English Proficiency program.

NOW THEREFORE BE IT RESOLVED BY THE GOVERNING BOARD OF THE CHAIRS COORDINATING COMMITTEE,

That the CCC Title VI Discrimination Complaint Procedure for year 2011/2012 is hereby adopted by the Chairs Coordinating Committee.

Agreed to on this ____ day of _____, 2011

Name (CCC Chair)

Attest

WEST CENTRAL FLORIDA METROPOLITAN PLANNING ORGANIZATIONS
CHAIRS COORDINATING COMMITTEE
DISCRIMINATION COMPLAINT PROCEDURE

Title VI of the Civil Rights Act of 1964 as amended prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance. As a sub-recipient of the Florida Department of Transportation, the West Central Florida Chairs Coordinating Committee (CCC) has in place a Title VI complaint procedure.

1. Any person who believes that he or she, or any specific class of persons, has been subjected to discrimination or retaliation, by any Chairs Coordinating Committee (CCC) programs or activities, as prohibited by Title VI of the Civil Rights Act of 1964, as amended, and related statutes, may file a written complaint. (Note: If you believe you have been discriminated against by one of the members of the CCC, please contact that member's office. A list of members with their telephone numbers, addresses and other information can be found at www.regionaltransportation.org.) All written complaints received by the CCC shall be referred immediately by the CCC's Title VI Specialist, Linda Manoleros, to the FDOT's District Seven Title VI Coordinator / District One Title VI Coordinator, whichever is appropriate, for processing in accordance with approved State procedures.

Written complaints may be sent to:
Linda Manoleros
Pinellas County MPO
600 Cleveland Street, Suite 750
Clearwater, Florida 33755

2. Verbal and non-written complaints received by the CCC shall be resolved informally by the CCC's Title VI Specialist. If the issue has not been satisfactorily resolved through informal means, or if at any time the complainant(s) request(s) to file a formal written complaint, the complainant shall be referred by the CCC's Title VI Specialist to the FDOT's District Seven/District One Title VI Coordinator for processing in accordance with approved State procedures.

3. The CCC's Title VI Specialist will advise the FDOT's District Seven/District One Title VI Coordinator within five (5) calendar days of receipt of the allegations. The following information will be included in every notification to the FDOT's District Seven/District One Title VI Coordinator:

- (a) Name, address, and phone number of the Complainant.
- (b) Name(s) and address(es) of the Respondent.
- (c) Basis of complaint (i.e., race, color, national origin, sex, age, disability, religion, familial status or retaliation).

- (d) Date of alleged discriminatory act(s).
- (e) Date complaint received by the CCC.
- (f) A statement of the complaint.
- (g) Other agencies (state, local or federal) where the complaint has been filed.
- (h) An explanation of the actions the CCC has taken or proposed to resolve the allegation(s) raised in the complaint.

4. Within ten (10) calendar days, the CCC's Title VI Specialist will acknowledge receipt of the allegation(s), inform the Complainant of action taken or proposed action to process the allegation(s), and advise the Complainant of other avenues of redress available, such as the FDOT's Equal Opportunity Office (EOO).

5. Within sixty (60) calendar days, the CCC's Title VI Specialist will conduct and complete a review of the verbal or non-written allegation(s) and based on the information obtained, will render a recommendation for action in a report of findings to the CCC Staff Directors.

6. Within ninety (90) calendar days of the verbal or non-written allegation(s) receipt, CCC Staff Directors will notify the Complainant in writing of the final decision reached, including the proposed disposition of the matter. The notification will advise the Complainant of his/her right to file a formal complaint with the FDOT's EOO if they are dissatisfied with the final decision rendered by the CCC. The CCC's Title VI Specialist will also provide the FDOT's District Seven/District One Title VI Coordinator with a copy of this decision and summary of findings.

7. The CCC's Title VI Specialist will maintain a log of all verbal and written complaints received by the CCC. The log will include the following information:

- a. Name of Complainant
- b. Name of Respondent
- c. Basis of Complaint (i.e., race, color, national origin, sex, age, disability, religion, familial status or retaliation)
- d. Date verbal or non-written complaint was received by the CCC.
- e. Date CCC notified the FDOT's District Seven/District One Title VI Coordinator of the verbal or non-written complaint.
- f. Explanation of the actions the CCC has taken or proposed to resolve the issue raised in the complaint.

**WEST CENTRAL FLORIDA MPOs CHAIRS COORDINATING COMMITTEE (CCC)
TITLE VI PROGRAM AND RELATED STATUTES DISCRIMINATION COMPLAINT**
(For Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sarasota Counties)

Name	Home Phone	Work Phone		
Address (Street No., P.O. Box, Etc.)		City, State, Zip Code		
Name of Person(s) Who Discriminated Against You, Position (if known), and Name of Agency:				
Address (Street No.)		City, State, Zip Code		
Date of Alleged Incident				
Discrimination Because Of:				
<input type="checkbox"/> Race	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case. (You may continue on the other side.)				
Signature			Date	

Mail to: Linda Manoleros, Pinellas County MPO,
600 Cleveland St., Suite 750, Clearwater, Florida 33755.

**Comité Coordinador de las Organizaciones Metropolitanas de Planificación
Region Centro Occidental de Florida**

(Condados de Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, y Sarasota)

Nombre de la persona discriminada		Número de teléfono (Residencia)	Número de teléfono (Trabajo)	
Direccion de residencia (Número y calle, número de departamento)		Ciudad, estado, y código postal de residencia		
Nombre de la persona que discriminó contra usted, y nombre de la dependencia (si los sabe)				
Direccion de la persona o dependencia que discriminó contra usted		Ciudad, estado y código postal de la persona o dependencia que discriminó contra usted		
Fecha del incidente discriminatorio.				
Causa de la discriminación:				
<input type="checkbox"/> Raza	<input type="checkbox"/> Retaliación	<input type="checkbox"/> Sexo	<input type="checkbox"/> Estado Civil	<input type="checkbox"/> Religión
<input type="checkbox"/> Color de Piel	<input type="checkbox"/> Nacionalidad	<input type="checkbox"/> Edad	<input type="checkbox"/> Impedimento Físico o Mental	<input type="checkbox"/> Otro
Eplique claramente como sucedió la discriminación y quienes participaron en ella. Incluya en su explicación cualquier conocimiento que tenga de tratamiento diferente a otras personas. Adjunte cual quier otro escrito relacionado con su caso.				
Firma			Fecha	

Envíe por correo a Linda Manoleros, Pinellas County MPO
600 Cleveland Street, Suite 750, Clearwater, Florida 33755.