

# Title VI and ADA Nondiscrimination Policy and Plan

*Contains Official Complaint Form*

**February 2018**



2300 N Jog Road, 4th Floor  
West Palm Beach, FL 33411  
Phone: 561.684.4170

**[www.PalmBeachTPA.org](http://www.PalmBeachTPA.org)**

# Title VI and ADA Nondiscrimination Policy and Plan



**PALM BEACH**  
Transportation  
Planning Agency

Adopted February 15, 2018

by the

Governing Board

Palm Beach Transportation Planning Agency

A blue ink signature of Mayor Susan Haynie is written over a horizontal blue line.

Mayor Susan Haynie

TPA Governing Board Chair

Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status. Hearing impaired individuals are requested to telephone the Florida Relay System at #711. For complaints, questions, or concerns about civil rights or nondiscrimination; to request special accommodations under the Americans with Disabilities Act (ADA); or to request translation services at least five business days prior to a meeting (free of charge), please contact:

Malissa S. Booth  
Public Relations Manager  
Title VI & ADA Officer

Email: [MBooth@PalmBeachTPA.org](mailto:MBooth@PalmBeachTPA.org)  
Call: 561-684-4143

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# Designation of a Palm Beach TPA Title VI & ADA Officer

The Palm Beach Transportation Planning Agency (TPA) hereby designates its Public Relations Manager, Malissa S. Booth, to serve as its Title VI & ADA Officer. The following name and contact information will be widely disseminated to the public through the TPA website, publications and other means:

Malissa S. Booth  
Public Relations Manager/ Title VI & ADA Officer  
Palm Beach Transportation Planning Agency (TPA)  
2300 N Jog Road, 4th Floor  
West Palm Beach, FL 33411  
Telephone: 561.684.4143  
Email: [MBooth@PalmBeachTPA.org](mailto:MBooth@PalmBeachTPA.org)  
Website: [PalmBeachTPA.org](http://PalmBeachTPA.org)

Note: Deaf, Hard of Hearing, Deaf/Blind or Speech Impaired (English, Spanish or French Creole): Please contact the Palm Beach TPA by calling toll-free to the Florida Relay Service, 7-1-1.

## Nondiscrimination Policy Statement

The Palm Beach Transportation Planning Agency (TPA) values diversity and both welcomes and actively seeks input from all interested parties, regardless of cultural identity, background or income level. Moreover, the TPA does not tolerate discrimination in any of its programs, services or activities. The TPA will not exclude participation in, deny the benefits of, or discrimination against anyone on the grounds of race, color, national origin, sex, age, disability, religion, income, or family status. Additionally, the TPA extends these same assurances to any protected class as recognized by any of the local governments within its service area. The TPA will actively work to ensure inclusion of everyone in our community so that our programs, services and activities represent the diversity we enjoy.

The purpose of the TPA 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.

## Statement of Commitment to Serve Persons With 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. In adherence with these regulations, the TPA makes reasonable efforts to ensure its programs, services and activities are meaningfully accessible to those who do not speak English proficiently. The TPA has developed a Limited English Proficiency (LEP) Plan to assess the need and address the resources for oral interpretation and translation of program documents into alternate languages to ensure meaningful access. In developing the LEP Plan, the TPA has assessed its programs and services to determine the extent to which LEP services are required and in which languages, by conducting an analysis of the following four factors:

- **Factor 1: The number or proportion of LEP persons eligible to be served or likely to be encountered by the TPA'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 TPA.**

The TPA's Limited English Proficiency (LEP) Plan will be periodically updated as needed and will be considered an appendix to the most currently adopted Public Participation Plan (PPP).

The TPA does not intend that its Limited English Proficiency (LEP) Plan exclude anyone requiring language assistance and will attempt to accommodate requests. Anyone who requires special language services is requested to contact the TPA's Title VI Officer.

## Statement of Commitment to Serve Persons with Disabilities

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 TPA endeavors to ensure that its facilities, programs, services, and activities are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). The TPA also actively seeks out disabled communities and service groups to ensure their input into the TPA's programs, services and activities. The TPA will make every effort to ensure that its advisory committees and public participation activities include representation by the disabled community and disability service groups. The TPA will make every effort to ensure that its facilities, programs, services, and activities are accessible to those with disabilities. The TPA encourages the public to report any facility, program, service or activity within the county that appears inaccessible to the disabled. Furthermore, the TPA will provide reasonable accommodation to disabled individuals who wish to participate in meetings, public participation activities, or other events or programs of the TPA, or who require special assistance to access TPA facilities, programs, services or activities. Because providing reasonable accommodation may require outside assistance, organizations or resources, the TPA asks that requests be made at least five (5) business days prior to the need for accommodation.

Questions, concerns, comments or requests for accommodation should be made to the TPA's ADA Officer.

# Document Updates

The TPA will consider its most recently adopted Title VI & ADA Nondiscrimination Policy and Plan as an appendix to its most recently adopted Public Participation Plan (PPP). The TPA will annually examine its Title VI & ADA Nondiscrimination Policy and Plan to determine any updates that may be needed. Administrative updates may be made annually or as needed without Governing Board approval if they do not alter the document in any meaningful way.

# Staff Trainings

The designated TPA Title VI & ADA Officer has received multiple trainings on Title VI, ADA, civil rights, nondiscrimination, and environmental justice and will continue to participate in trainings as opportunities become available. Together, the TPA Executive Director and the Title VI & ADA Officer will coordinate periodic training for other TPA staff members, Governing Board members and/ or advisory committee members as deemed necessary.

# Complaint Procedures

The Palm Beach Transportation Planning Agency (TPA) has established a discrimination complaint procedure and will take prompt and reasonable action to investigate and eliminate discriminatory actions. Any person who believes that he or she has been subjected to discrimination based upon race, color, national origin, sex, religion, age, disability, income, family status, or as a member of any protected class as designated by a local government within the TPA service area, may file a complaint with the TPA's Title VI Officer.

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, income 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 TPA's Title VI Officer for assistance.

The Title VI Officer will respond to the complaint within thirty (30) days and will take reasonable steps to resolve the matter. Should the TPA be unable to satisfactorily resolve the complaint, the Title VI Officer will forward the complaint, along with a record of its disposition, to the Florida Department of Transportation (FDOT), Equal Opportunity Office, Statewide Title VI Coordinator. FDOT will assume jurisdiction over the complaint for continued processing.

# Filing Complaints of Discrimination

## 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 TPA.
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 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: [PalmBeachTPA.org](http://PalmBeachTPA.org) or you may call Malissa Booth at (561) 684-4143 (call Florida Relay 7-1-1 if hearing impaired) or e-mail [MBooth@PalmBeachTPA.org](mailto:MBooth@PalmBeachTPA.org).

Complaint forms should be submitted to the attention of:

Malissa S. Booth  
Public Relations Manager/ Title VI & ADA Officer  
Palm Beach Transportation Planning Agency (TPA)  
2300 N Jog Road, 4th Floor  
West Palm Beach, FL 33411

## Complaint Investigation

1. Upon receipt of a complaint, the TPA Executive Director or his/her designee will, within five (5) working days, provide the complainant or his/her representative with a written acknowledgment of the complaint.
2. TPA staff will conduct a preliminary inquiry into the complaint to determine whether the complaint has sufficient merit to warrant an investigation. Should TPA 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 TPA 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 that 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.

## 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 TPA, 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

## 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 TPA 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 TPA Executive Director.



# **COMPLAINT OF TITLE VI DISCRIMINATION**

*Formulario de queja de discriminación por el Título VI*

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

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 TPA.

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.

La Agencia de Planificación de Transporte de Palm Beach, 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.

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 Palm Beach TPA.

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

## 1. Complainant

*Reclamante*

Name: \_\_\_\_\_

*Nombre:*

Street Address: \_\_\_\_\_

*Dirección:*

City, State, Zip Code: \_\_\_\_\_

*Ciudad, estado, código postal:*

Telephone: \_\_\_\_\_

*Número 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 \_\_\_\_\_

*Número 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 \_\_\_\_\_ No \_\_\_\_\_

*Sí*

*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: \_\_\_\_\_

*Número 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 \_\_\_\_\_ No \_\_\_\_\_  
*Sí \_\_\_\_\_ 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 Court \_\_\_\_\_  
*Federal \_\_\_\_\_ La corte federal \_\_\_\_\_*

State \_\_\_\_\_ State Court \_\_\_\_\_  
*Estatal \_\_\_\_\_ 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:*

Malissa S. Booth  
Public Relations Manager/ Title VI & ADA Officer  
Palm Beach Transportation Planning Agency (TPA)  
2300 N. Jog Road, 4th Floor  
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