



TITLE VI DISCRIMINATION COMPLAINT PROCEDURES

The objectives of the Federal Transit Administration's (FTA) Title VI program, as set forth in FTA Circular 4702.1B are:

- To ensure that FTA-assisted benefits and related services are made available and are equitably distributed without regard to race, color, or national origin.
- To ensure that the level and quality of FTA-assisted transit services are sufficient to provide equal access and mobility for any person without regard to race, color, or national origin.
- To ensure that opportunities to participate in the transit planning and decision-making process are provided to persons without regard to race, color, or national origin.
- To ensure that decisions on the location of transit services and facilities are made without regard to race, color, or national origin; and
- To ensure that corrective and remedial action is taken by all applicants and recipients of FTA assistance to prevent discriminatory treatment of any beneficiary based on race, color, or national origin.

The purpose of Broward County Transit's Title VI program is to establish and implement procedures that comply with Title VI of the Civil Rights Act of 1964, as amended, the Civil Rights Restoration Act of 1987, the Americans with Disabilities Acts of 1990 (ADA), as well as other related statutes and regulations.

It is the policy of Broward County that no person be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any FTA-assisted transit program, services or activity administered by Broward County Transportation Department (commonly known as Broward County Transit or "BCT") because of race, color, religion, and national origin.

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, as amended), based on transit programs and services provided by Broward County Transit (BCT), may file a Title VI complaint with BCT.
2. A complaint must be filed within one hundred eighty (180) days after the date of the alleged discrimination, unless the time for filing extended by the FTA.
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.broward.org/bct, or the complainant may call (954) 357-8481, or TTY (954) 357-8301, to obtain a complaint form. **(See attached.)**

Signed complaint forms should be submitted to:

**Broward County Transit
Attention: Marcos Ortega
Title VI and ADA Program Coordinator
1 North University Drive, Suite 3100A
Plantation, FL 33324
Email: mortega@broward.org**

B. Complaint Investigation

1. Upon receipt of a signed complaint, the Director of BCT or his/her designee will, within five (5) working days, provide the complainant or his/her representative with a written acknowledgement of the complaint.
2. BCT will conduct a preliminary inquiry into the complaint to determine whether the complaint has sufficient merit to warrant an investigation. Should BCT 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 BCT 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 BCT, he/she will be notified of the right to request reconsideration within thirty (30) days, or to file a complaint with the Federal Transit Administration (FTA) Office of Civil Rights, at the following address:

Federal Transit Administration
Office of Civil Rights
East Building, 5th Floor-TCR
1200 New Jersey Avenue, SE
Washington, D.C. 20590

D. **Retaliation**

Retaliation is prohibited under Title VI of the Civil Rights Act of 1964, as amended. It is the policy of Broward County Government 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 Title VI and ADA Program Coordinator, Broward County Transit, 1 North University Drive, Suite 3100A, Plantation, FL 33324; telephone number (954) 357-8481.

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 transit service and planning processes.

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

BCT encourages the public to report any facility, program, service, or activity that appears inaccessible to the disabled. Furthermore, BCT will provide reasonable accommodation to disabled individuals who wish to participate in public involvement events or who require

special assistance to access BCT facilities, programs, services, or activities. Because providing reasonable accommodation may require outside assistance, organization, or resources, BCT asks that requests be made at least three (3) days prior to the need for accommodation.

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

Broward County Transit
Attention: Marcos Ortega
Title VI and ADA Program Coordinator
1 North University Drive, Suite 3100A
Plantation, FL 33324
(954) 357-8481
[Email: mortega@broward.org](mailto:mortega@broward.org)
TTY: (954) 357-8302

LIMITED ENGLISH PROFICIENCY (LEP)

Title VI of the Civil Rights Act of 1964, Executive Order 13166, and various directives from the United States Department of Transportation (USDOT) 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 in the BCT service area who may be served or likely to encounter a BCT program, activity, or service.
- Factor 2:** The frequency with which LEP individuals come in contact with a BCT program, activity, or service.
- Factor 3:** The nature and importance of the program, activity, or service provided by BCT to the LEP community.
- Factor 4:** The resources available to BCT and overall costs.

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

Broward County Transit
Attention: Marcos Ortega
Title VI and ADA Program Coordinator
1 North University Drive, Suite 3100A
Plantation, FL 33324
(954) 357-8481
Email: mortega@broward.org
TTY: (954) 357-8302

NOTICE OF PROTECTIONS UNDER TITLE VI

ENGLISH

Any person(s) or group(s) who believes that they have been subjected to discrimination because of race, color, or national origin, under any transit program or activity provided by Broward County Transit (BCT), may call 954-357-8481 to file a Title VI discrimination complaint or write to Broward County Transportation Department, Title VI and ADA Program Coordinator, 1 North University Drive, Suite 3100A, Plantation, FL 33324.

SPANISH

Protección del Título VI de la Ley de Derechos Civiles de 1964, enmendado

Cualquier persona (s) o grupo (s) que cree que han sido objeto de discriminación por motivos de raza, color u origen nacional, bajo cualquier programa o actividad de transporte proporcionado por Condado de Broward (BCT), pueden llamar al 954 357 - 8481 para presentar una queja de discriminación bajo la Ley de Título VI, o escribir al condado de Broward, Departamento de Transporte, a la atención del Coordinador de ADA y Título VI, 1 North University Drive, Suite 3100A, Plantation, FL 33324.

HAITIAN CREOLE ALPHA

Pwoteksyon nan Tit VI Lwa sou Dwa Sivik la 1964 kom Amande

Nenpot moun (yo) oswa yon gwoup (yo) ki mete konfyans yo ke yo gen te viktim diskriminasyon paske ras, koule, oubyen orijin nasyonal, nan nenpot pwogram oswa aktivite transpo piblik bay Transpo Konte Broward (BCT), pouvwa rele 954-357 - 8481 Pou pote yon plent kont diskriminasyon Tit VI oswa ekri nou nan Broward County Depatman Transpo, Manadje Respe, 1 North University Drive, Suite 3100A, Plantation, FL 33324.



TRANSPORTATION DEPARTMENT

1 N. University Drive, Suite 3100A • Plantation, Florida 33324 • 954-357-8300 • FAX 954-357-8305

COMPLAINT OF TITLE VI DISCRIMINATION

The Broward County Transportation Department is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, 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 Broward County Transportation Department.

In order to process your complaint, please fill out the attached form. If you need help in completing this form, please call the Title VI and ADA Program Coordinator at 954-357-8481. The completed form can be returned to:

Broward County Transit
Attention: Title VI and ADA Program Coordinator
1 North University Drive, Suite 3100A
Plantation, FL 33324
Telephone: (954) 357-8481
TTY: (954) 357-8302

LANGUAGE TRANSLATION SERVICE AVAILABLE

NOTE: If you require this Title VI Complaint Form to be translated into another language, please log onto www.broward.org/bct. Click on either "Microsoft Translator" or "Google Translate" at the top right corner of the web page and select the appropriate language for your translation.

SERVICIO DE TRADUCCIÓN LENGUA DISPONIBLE

NOTA: Si usted requiere de este Formulario de Queja de/ Titulo VI de ser traducido a otro idioma, por favor haga clic en cualquiera de "Microsoft Translator" o "Google Translate" en la esquina superior derecha de esta pagina web y seleccionar el idioma.

LANG TRADIKSYON SEVIS KI DISPONIB

REMAK: Si w mande pou s a Tit VI Fam Plent dwe tradui nan yon lot tang, tanpri klike sou swa "Tradikte Microsoft" oswa "Google Translate" nan kwen paj sa a web tet dwat epi chwazi fang ki apwopriye a pou tradiksyon

**TITLE VI COMPLAINT FORM
BROWARD COUNTY
TRANSIT**

1. Complainant Information:

Name (First and Last): _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

2. Person discriminated against (if the complaint is filed on behalf of someone else)

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email address: _____

3. Are you represented by an attorney for this complaint? Yes ___ No ___

If yes, please complete the following:

Attorney's Name: _____

Street Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

4. Names and contact information of witnesses, if applicable:

5. Which of the following best describes the reason for the alleged discrimination? (Check one or more)

Race _____ Color _____

National Origin, including Limited English Proficiency _____

6. Please describe the alleged discrimination incident:

Date of Incident: _____

Time: _____

Location: _____

Bus Route Number (if applicable): _____ Bus Number (if applicable) _____

Please explain what happened and who you believe was responsible. Please provide as much details as possible:

7. Have you filed a complaint of the alleged discrimination with any other federal, state, or local agencies, or with a state or federal court? Yes _____ No _____

If yes, check all that apply:

Federal Agency _____ Federal Court _____ State Agency _____

State Court _____ Local Court _____

Please provide the name of the Agency (local or federal) where you filed your complaint:

Agency Name: _____

Contact Person: _____

Telephone: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief:

Signature of Complainant

Date