**CITY OF STEPHENSON**

**TITLE VI PLAN**

# **I. Plan Statement**

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

This plan was developed to guide AGENCY in its administration and management of Title VI-related activities.

## **Title VI Coordinator Contact Information**

Karma Tessmer

PO Box 467, Stephenson MI 49887

906-753-6228

cosclerk@stephenson-mi.org

# **II. Title VI Dissemination**

Title VI information posters (see Appendix G) shall be prominently and publicly displayed in the AGENCY facility and on their revenue vehicles. The name of the Title VI coordinator is posted and available at **W628 Samuel Street, Stephenson MI** and **stephenson-mi.com**. Additional information relating to nondiscrimination obligation can be obtained from AGENCY Title VI Coordinator.

Nondiscrimination information shall be disseminated to AGENCY employees annually (see Appendix A). This information reminds employees of AGENCY policy statement, and of their nondiscrimination responsibilities in their daily work and duties. All employees of AGENCY are provided a copy of the plan and are required to sign an Acknowledgement of Receipt (see Appendix B).

During New Employee Orientation, new employees shall be informed of the provisions of Title VI, and AGENCY expectations to perform their duties accordingly.

# **III. Subcontractors and Vendors**

All subcontractors and vendors who receive payments from AGENCY where funding originates from any federal assistance are subject to the provisions of Title VI of the Civil Rights Act of 1964 as amended.

Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

# **IV. Record Keeping**

The Title VI Coordinator will maintain permanent records, which include, but are not limited to, signed acknowledgements of receipt from the employees indicating the receipt of AGENCY Title VI Plan, copies of Title VI complaints or lawsuits and related documentation, records of correspondence to and from complainants, and Title VI investigations.

# **V. Title VI Complaint Procedures**

The complainant may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include the following information:

* Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.)
* How, when, where and why you believe you were discriminated against. Include the location, names, and contact information of any witnesses.
* Other information that you deem significant

The Title VI Complaint Form (see Appendix C) may be used to submit the complaint information. The complaint may be filed in writing or by e-mail with AGENCY at the following address:

City of Stephenson

PO Box 467, Stephenson MI 49887

906-753-6228

906-753-4726

cosclerk@stephenson-mi.org

NOTE: AGENCY encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than 180 days from the alleged date of discrimination.

All complaints alleging discrimination based on race, color, or national origin in a

service or benefit provided by AGENCY will be directly addressed by AGENCY. AGENCY shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, AGENCY shall make every effort to address all complaints in an expeditious and thorough manner.

A letter of acknowledging receipt of complaint will be mailed within seven days (see Appendix D). Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

AGENCY will send a final written response letter (see Appendix E or F) to the complainant. In the letter notifying complainant that the complaint is not substantiated (Appendix F), the complainant is also advised of his or her right to 1) appeal within seven calendar days of receipt of the final written decision from AGENCY, and/or 2) file a complaint externally with appropriate Federal Agency.  Every effort will be made to respond to Title VI complaints within 60 working days of receipt of such complaints, if not sooner.

Once sufficient information for investigating the complaint is received by AGENCY*,* a written response will be drafted subject to review by the transit's attorney. If appropriate, AGENCY’Sattorney may administratively close the complaint. In this case, AGENCYwill notify the complainant of the action as soon as possible.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

US Department of Justice, Civil Rights Division

950 Pennsylvania Avenue, NW

Washington DC 20530-0001

# **VI: Title VI Investigations, Complaints, and Lawsuits**

LIST ANY INVESTIGATIONS, COMPLAINTS, OR LAWSUITS IN FOLLOWING TABLE. Do not delete the table, even if it is left blank.

## **Lawsuits, Complaints, or Investigations Alleging Discrimination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type (Investigation, Lawsuit, Complaint) | Date | Summary of Complaint | Status | Action(s) Taken |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# **VII. Four Factor Analysis**

AGENCY is required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. While designed to be a flexible and fact-dependent standard, the starting point is an individualized assessment that balances the following four factors:

* The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee.
* the frequency with which LEP individuals meet the program.
* the nature and importance of the program, activity, or service provided by the program to people's lives; and
* the resources available to the grantee/recipient or agency, and costs.

## **Factor 1: Number/Proportion of LEP Persons in Service Area**

* Include data from sources such as the US Census Bureau’s Demographic and Housing Characteristics or American Community Survey
* Include a listing of the counts and percentages of LEP individuals present in your service area by language.
* Identify if any of the LEP languages reach the LEP threshold of 5%, or the Safe Harbor Threshold (1,000 persons).

AGENCY examined the US Census report from 2020 and the Bureau’s Demographic and Housing Characteristics and was able to determine that approximately **2**%, or **16** people within the AGENCY service area age 5 and older spoke a language other than English. Of the 16reporting they speak other languages than English, or **3**% of respondents speak English less than “very well.” The **Indo-European** language comprised the largest non-English speaking language group with **.91**%. The other largest non-English speaking language group was the **Spanish** language at **.68**%.

## **Factor 2: Frequency of Contact with LEP Persons**

* How frequently does your organization encounter LEP persons?
* Are you in contact with LEP persons within a specific language group, and that language is not identified in Factor One?
* Include information gathered from face-to-face meetings with LEP persons or from surveys of LEP persons.
* Include information gathered from interviews with agency staff who typically encounter LEP persons.
* Include information kept by your organization on past interactions with members of the public who are LEP.

Via verbally surveying drivers and dispatchers since **2000,** AGENCY has had **0** requests for interpreters and/or translated AGENCY documents. The staff and drivers have had **little to no contact** with LEP individuals.

## **Factor 3: Nature and importance of the program, activity, or service provided by the program in people’s lives**

Access to the services provided by AGENCY is critical to the lives of many residents in the service area. Many people depend on AGENCY services for access to jobs and for access to essential community services like schools, shopping, and medical appointments. Because of the essential nature of the services and the importance of these programs in the lives of many of the region’s residents, there is a need to ensure that language is not a barrier to access.

## **Factor 4: The resources available to AGENCY and overall costs.**

AGENCY assessed the available resources that could be used for providing LEP assistance. This included identifying how much a professional interpreter and translation service would cost, and which documents would be the most valuable to be translated when the populations would support it.

After analyzing the four factors, AGENCY does feel that a formal LEP plan is needed at this time in order to comply with Executive Order and future needs that are unknown at this time.

# **Limited English Proficiency (LEP) Plan**

AGENCY will use the following guidelines and resources to assist persons with limited English proficiency.

The following are examples only. Be sure that all of your agency’s specific procedures (and any associated costs) are described and to remove any example that is not applicable. Other examples may include translator apps on smartphones, bilingual staff members, etc.

AGENCY will have the Census Bureau’s “I Speak Cards” available at the AGENCY operations facility. Although staff may not be able to provide immediate translation assistance, we will utilize the cards to identify language needs.

If an interpreter is needed immediately, in person or on the telephone, staff will use the “I Speak Cards” to help determine what language assistance is needed. Staff shall then contact [www.languageline.com](http://www.languageline.com) for assistance. On the Language Line webpage, staff will select the **Need an Interpreter Now** link in the popup window and follow the directions to receive an access code.

AGENCY will add to our webpage the Title VI policy and complaint Procedures.

AGENCY will educate our staff on the following procedures:

1. Understanding the Title VI policy and LEP responsibilities.
2. How to access language assistant services via www.languageline.com
3. Document language assistance requests
4. The procedure if a Title VI and/or LEP complaint is filed.

# **Public Participation Plan**

The AGENCY community and minority outreach plan is based on the following principles:

* Flexibility - The engagement process will accommodate participation in a variety of ways and be adjusted as needed.
* Inclusiveness – AGENCY will proactively reach out to and engage low income, minority and LEP populations from the AGENCY service area.
* Respect - All feedback will be given careful and respectful consideration.
* Initiative-taking and Timeliness - Participation methods will allow for early involvement and be ongoing.
* Clear, Focused and Understandable - Participation methods will have a clear purpose and use for the input and will be described in language that is easy to understand.
* Honest and Transparent - Information provided will be accurate, trustworthy, and complete.
* Responsiveness – AGENCY will respond and incorporate appropriate public comments into transportation decisions.
* Accessibility – Meetings will be held in locations which are fully accessible and welcoming to all area residents, including, but not limited to, low-income and minority members of the public and in locations relevant to the topics being presented and discussed.

As an agency receiving federal financial assistance, AGENCY has made the following community and minority outreach efforts since the last submission of a Title VI program:

AGENCY currently publishes hours of service and any changes in schedules.

AGENCY, **City Council,** holds **monthly** meetings that the public is invited to attend.

AGENCY has a complaint procedure that is available to the public at any time and is also available to the public via our website at **stephenson-mi.org.**

# **Membership of Non-Elected Committees**

AGENCY will publicly advertise and post on our website to encourage minority participation on non-elected committees and local advisory committees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Body | Caucasian | Latino | Two or More Race | Asian American |
| Population | 92.80% | 1.20% | 5.30% | .05% |
| Local Advisory Committee | 100.00% | 0.00% | 0.00% | 0.00% |

# **Equity Analysis**

If AGENCY constructs a facility, such as a vehicle storage facility, maintenance facility, operations center, or other building, it will do a Title VI equity analysis following the procedures listed below:

The AGENCY shall complete a Title VI equity analysis during the planning stage regarding where a project is located or sited to ensure the location is selected without regard to race, color, or national origin.

When evaluating locations of facilities, agencies should give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result.

If AGENCY determines that the location of the project will result in a disparate impact based on race, color, or national origin, AGENCY may only locate the project in that location if there is a substantial legitimate justification for locating the project there, and where there are no alternative locations that would have a less disparate impact based on race, color, or national origin.

**Policy and Notice of Nondiscrimination**

The City of Stephenson complies with Federal civil rights laws and is committed to providing its programs and services without discrimination in accordance with:

• Title VI of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, or national origin (including language).

• Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination based on disability.

• Title IX of the Education Amendments Act of 1972, which prohibits discrimination based on sex in education programs or activities.

• Age Discrimination Act of 1975, which prohibits discrimination based on age.

• U.S. Department of Homeland Security regulation 6 C.F.R. Part 19, which prohibits discrimination based on religion in social service programs.

It is against the law for The City of Stephenson to retaliate against anyone who takes action to oppose discrimination, files a grievance, or participates in the investigation of a grievance in accordance with the above authorities.

To File a Complaint

If you think that The City of Stephenson has failed to provide these services or discriminated in another way based on race, color, national origin (including language), disability, sex, age, or religion, you can file a complaint in person or by mail, fax or email with: Karma Tessmer, Title VI Coordinator, W628 Samuel Street, PO Box 467, Stephenson MI 49887, Phone 906-753-6228, Fax 906-753-4726, Email cosclerk@stephenson-mi.org.

You can also file a civil rights complaint with the U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL):

E-mail: CRCLCompliance@hq.dhs.gov (fastest method to submit your complaint)

Fax: 202-401-4708

U.S. Mail:

U.S. Department of Homeland Security

Office for Civil Rights and Civil Liberties

Compliance Branch, Mail Stop #0190

2707 Martin Luther King, Jr. Ave., SE

Washington, D.C. 20528

For additional information: www.dhs.gov/crcl Phone: 202-401-1474 Toll-Free: 1-866-644-8360

Information and Services for Persons with Disabilities and Persons with Limited English Proficiency

The City of Stephenson

• Provides free aids and services, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.), to communicate effectively with persons with disabilities.

• Provides free language services, such as qualified foreign language interpreters and information written in other languages, to ensure meaningful access to programs and activities for persons with limited English proficiency.

If you need these services, please contact:

Karma Tessmer, Title VI Coordinator, W628 Samuel Street, PO Box 467, Stephenson MI 49887, Phone 906-753-6228, Fax 906-753-4726, Email cosclerk@stephenson-mi.org.

# **Appendix A Employee Annual Education Form**

Title VI Policy

No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

All employees of AGENCY are expected to consider, respect, and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to contact:

In all dealings with citizens, use courtesy titles (i.e., Mr., Mrs., Ms., or Miss) to respectfully address them without regard to race, color, or national origin.

# **Appendix B Acknowledgement of Receipt of Title VI Plan**

I hereby acknowledge the receipt of AGENCY Title VI Plan. I have read the plan and am committed to ensuring that no person is excluded from participation in or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

# **Appendix C Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” If you feel you have been discriminated against in transit services, please provide the following information to assist us in processing your complaint.

Please print clearly:

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

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

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_ (home)

\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (message)

Are you filing this complaint on your own behalf? [ ] yes\* [ ] no

\*If yes to this question, please give that person’s information below.

Person discriminated against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_\_ race or color

\_\_\_\_\_\_ national origin

\_\_\_\_\_\_ income

\_\_\_\_\_\_ other

What was the date of the alleged discrimination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the circumstances as you saw it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list all witnesses’ names and phone numbers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

[ ] Federal Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Federal Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] State Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] State Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Local Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

What type of corrective action would you like to see taken?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Title VI Coordinator

City of Stephenson

PO Box 467, Stephenson MI 49887

906-753-6228

906-753-4726

cosclerk@stephenson-mi.org

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

# **APPENDIX D Letter Acknowledging Receipt of Complaint**

Today’s Date

Ms. Jo Doe

1234 Main St.

Clarksville, Tennessee 37040

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against **(NAME OF AGENCY)** alleging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning (AGENCY PHONE NUMBER) or write to me at this address.

Sincerely,

Title VI Coordinator

(Name Of Agency

(Full Mailing Address)

(Phone Number)

(Fax Number)

(E-Mail Address)

# **APPENDIX E Letter Notifying Complainant the Complaint Is Substantiated**

Today’s Date

Ms. Jo Doe

1234 Main St.

Clarksville, Tennessee 37040

Dear Ms. Doe:

The matter referenced in your letter of **(DATE)** against **(NAME OF AGENCY)** alleging Title VI violation has been investigated.

(An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. *(If a hearing is requested, the following sentence may be appropriate.)* You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Title VI Coordinator

(Name Of Agency

(Full Mailing Address)

(Phone Number)

(Fax Number)

(E-Mail Address)

# **APPENDIX F Letter Notifying Complainant the Complaint Is Not Substantiated**

Today’s Date

Ms. Jo Doe

1234 Main St.

Clarksville, Tennessee 37040

Dear Ms. Doe:

The matter referenced in your complaint of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) against AGENCY alleging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964 had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

AGENCY has analyzed the materials and facts pertaining to your case for evidence of the authority’s failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to 1) appeal within seven calendar days of receipt of this final written decision from AGENCY, and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at

Federal Transit Administration Office of Civil Rights
Attention:  Title VI Program Coordinator
East Building, 5th Floor - TCR
1200 New Jersey Ave., SE Washington, DC   20590

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Title VI Coordinator

(Name Of Agency

(Full Mailing Address)

(Phone Number)

(Fax Number)

(E-Mail Address)

# **APPENDIX G**

**Samples of Narrative to be included in Posters to be Displayed in Revenue Vehicles and Facilities**

Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

AGENCY is committed to ensuring that no person is excluded from participation in or denied the benefits of its transit services based on race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by AGENCY, you may contact our office at:

Title VI Coordinator

(Name Of Agency)

(Full Mailing Address)

(Phone Number)

(Fax Number)

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