

# South Western Regional Planning Agency

## Title VI Complaint Procedure

(Modified from the FTA Title VI Complaint Procedure 10/01/2012 - FTA C 4702.1B)

### THE SOUTH WESTERN REGION METROPOLITAN PLANNING ORGANIZATION (SWRMPO) AND THE SOUTH WESTERN REGIONAL PLANNING AGENCY (SWRPA) PROHIBIT DISCRIMINATION IN THEIR PROGRAMS AND ACTIVITIES

#### **If additional information is needed in another language, contact 203-316-5190**

Spanish: Si se necesita información adicional en otro idioma, comuníquese con 203-316-5190

Haitian Creole: Si ou bezwen plis enfòmasyon nan yon lòt lang, kontakte 203-316-5190

Polish: Jeśli potrzebne są dodatkowe informacje w innym języku, skontaktuj 203-316-5190

Italian: Se sono necessarie ulteriori informazioni in un'altra lingua, contattare 203-316-5190

Russian: Если необходима дополнительная информация на другом языке, обратитесь 203-316-5190

Portuguese: Se a informação adicional é necessária em outro idioma, entre em contato com 203-316-5190

French: Si des informations supplémentaires sont nécessaires dans une autre langue, contactez 203-316-5190

Chinese: 如果需要更多的信息用另一种语言，请联系203-316-5190

Greek: Εάν απαιτούνται πρόσθετες πληροφορίες σε άλλη γλώσσα, επικοινωνήστε 203-316-5190

Japanese: 追加情報が別の言語で必要とされている場合は、お問い合わせください203-316-5190

#### Your Rights Under Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, or national origin in programs, activities and services receiving federal financial assistance (42 U.S.C. Section 2000d).

#### Filing a Complaint

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the South Western Regional Metropolitan Planning Organization or the South Western Regional Planning Agency (hereinafter referred to as "SWRMPO/SWRPA") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The SWRMPO/SWRPA investigates complaints received no more than 180 days after the alleged incident. The SWRMPO/SWRPA will process complaints that are complete.

All complaints will be reviewed by the Executive Director. Once the complaint is received, the Executive Director will review it to determine if our office has jurisdiction. The complainant will

receive an acknowledgement letter by e-mail, fax, or letter informing her/him whether the complaint will be investigated by our office within 24 hours of receipt. The Executive Director reserves the right to review the complaint with SWRPA staff, members of the SWRMPO, and members of the SWRPA Board of Directors, as necessary and appropriate.

The SWRMPO/SWRPA has 10 days to investigate the complaint. If more information is needed to resolve the case, the SWRMPO/SWRPA may contact the complainant. The complainant has 14 business days from the date of the letter to send requested information to the Executive Director. If the Executive Director is not contacted by the complainant or does not receive the additional information within 14 business days, the SWRMPO/SWRPA can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the Executive Director reviews the complaint, one of two letters will be issued to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.

In the event that the complaint references actions or situations beyond the control of SWRMPO/SWRPA, the Executive Director will inform the complainant of this fact and, to the best of his knowledge, provide contact information for the organization that has jurisdiction over such actions or situations to the complainant.

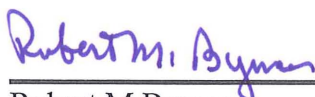
#### Opportunities for Appeal

In the event that a complainant is not satisfied with the response received from SWRMPO/SWRPA, the complainant may file an appeal. The complainant has 45 days from the date of the letter or the LOF to do so. Any appeal should be directed to SWRMPO/SWRPA's Field Coordinator at the Connecticut Department of Transportation (CTDOT):

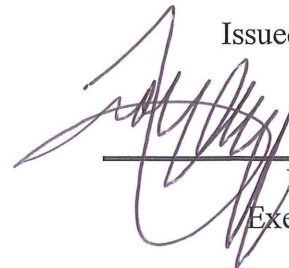
Roxane M. Fromson  
Transportation Supervising Planner  
RPO Coordination Section  
Bureau of Policy & Planning  
Connecticut Department Transportation  
P.O. Box 1317546  
Newington, CT 06131-7546

or to the Connecticut Commission on Human Rights and Opportunities (CHRO) to request additional review and assistance.

*If you wish to file a complaint directly with the Federal Transit Administration, please contact the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590; or the Connecticut Department of Transportation ATTN: Ms. Debra Goss, Title VI Coordinator, Newington, CT 06131-7546. Tel: (860) 594-2169.*



Robert M Byrnes  
SWRPA Chairman



Issued: April 7, 2014

Dr. Floyd Lapp  
Executive Director

**South Western Region**  
**TITLE VI DISCRIMINATION COMPLAINT FORM**  
**TÍTULO VI FORMULARIO DE QUEJA LA DISCRIMINACIÓN**  
(modified from the FTA Title VI Complaint Procedure 10/01/2012 – FTA C 4702.1B)

<b>Section I/Sección I:</b>					
<b>Name/Nombre:</b>					
<b>Address/Dirección:</b>					
<b>Telephone (Home)/ Teléfono (casa) :</b>			<b>Telephone (work)/ Teléfono (trabajo):</b>		
E-mail :					
<b>Accessible Format Requirements?/ Accessible Format Requirements</b>	Large Print/ <i>Letra Grande</i>	Y/S	N/N	Audio Tape	Y/S N/N
	TDD	Y/S	N/N	Other/ <i>Otro</i>	Y/S N/N
<b>Section II/ Sección II</b>					
Are you filing this complaint on your own behalf? <i>¿Está usted presentando esta queja en su propio nombre?</i>				Yes/Si*	No/No
*If you answered "yes" to this question, skip ahead to Section III * <i>Si usted contestó "sí " a esta pregunta , vaya a la Sección III</i>					
If "No", please supply the name and relationship of the person for whom you are complaining: <i>Si no es así, por favor proporcione el nombre y la relación de la persona a la que usted se queja:</i>					
Please explain why you have filed for a third party: <i>Por favor, explique por qué usted ha presentado para un tercero :</i>					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <i>Por favor, confirme que ha obtenido el permiso de la parte perjudicada , si usted está presentando en nombre de un tercero.</i>				Yes/Si	No/No
<b>Section III/Sección III</b>					
I believe the discrimination I experienced was based on (check all that apply): <i>Creo que la discriminación que experimenté fue basada en ( marque todo lo que corresponda):</i>					
<b>Race/Carrera</b>		<b>Color/Color</b>		<b>National Origin/Origen Nacional</b>	
<b>Date of Alleged Discrimination (month, day, year):</b> <i>Fecha de la Discriminación Presunta (mes, día , año) :</i>					

Continued on next page/ *Continúa en la página siguiente*

**Section III (Continued)/ Sección III (Continúa)**

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

*Explique lo más claramente posible lo que pasó y por qué cree que fue discriminado . Describir todas las personas que estuvieron involucradas . Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de los testigos en contacto . Si se necesita más espacio, por favor use el reverso de este formulario.*

**Section IV/Sección IV**

Have you previously filed a Title VI complaint with this agency? <i>¿Ha presentado anteriormente una queja del Título VI con esta agencia?</i>	Yes/Si	No/No
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**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <i>¿Ha presentado esta queja con cualquier otro federal, estatal o local , o ante cualquier tribunal federal o estatal?</i>	Yes/Si	No/No
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If Yes, check all that apply and provide agency name and filing date/ *En caso afirmativo , marque todo lo que corresponda y proporcionar agencia nombre y la fecha de presentación:*

Federal Agency/ *Agencia Federal:*       State Agency/ *Agencia Estatal:*  
\_\_\_\_\_

Federal Court/ *Corte Federal:*       Local Agency/ *Agencia Local:*  
\_\_\_\_\_

State Court/ *Corte del Estado:*       Other/ *Otro:*  
\_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed. *Sírvanse proporcionar información acerca de una persona de contacto en la agencia / tribunal donde se presentó la queja.*

Name/ *Nombre:*

Title/ *Título:*

Agency/ *Agencia:*

Address/ *Dirección:*

Telephone/ *Teléfono:*

<b>Section VI</b>	
Name of agency complaint is against/ <i>Nombre de la agencia de queja es en contra:</i>	SWRPA
Contact person/ <i>Persona de contacto:</i>	Floyd Lapp
Title/ <i>Título:</i>	Executive Director
Telephone number/ <i>Teléfono:</i>	203-316-5190

\*You may attach any written materials or other information that you think is relevant to your complaint.

*\*Puede adjuntar cualquier material escrito o cualquier otra información que usted considere relevante para su queja.*

Signature and date required below/ *Firma y fecha requerida a continuación:*

\_\_\_\_\_  
Signature/ *Firma*

\_\_\_\_\_  
Date/ *Fecha*

Please submit this form in person at the address below, or mail this form to/*Por favor, envíe este formulario en persona en la dirección indicada más abajo, o envíe por correo este formulario a:*

Floyd Lapp, FAICP  
Executive Director, SWRPA  
888 Washington Boulevard, 3<sup>rd</sup> Floor  
Stamford, CT 06901

*If you wish to file a complaint directly with the Federal Transit Administration, please contact the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590; or the Connecticut Department of Transportation ATTN: Ms. Debra Goss, Title VI Coordinator, Newington, CT 06131-7546. Tel: (860) 594-2169.*

*Si usted desea presentar una queja directamente con la Administración Federal de Tránsito, por favor comuníquese con la Oficina de Derechos Civiles del FTA, 1200 New Jersey Avenue NW, Washington, DC 20590, o el Departamento de Transporte de Connecticut Attn: Sra. Debra Goss, Coordinador del Título VI, Newington, CT 06131-7546. Tel: (860) 594-2169.*