

PINELLAS COUNTY MPO DISCRIMINATION COMPLAINT PROCEDURE
(Revised March 18, 2013)

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 Pinellas County Metropolitan Planning Organization (MPO) has in place a Title VI complaint procedure.

The Pinellas County MPO investigates complaints received no more than 180 days after the alleged incident.

1. Any person who believes that he or she, or any specific class of persons, has been subjected to discrimination or retaliation, by any Pinellas County Metropolitan Planning Organization's (MPO) 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 another branch of the Pinellas County Government, please contact the Pinellas County Office of Human Rights at 727.464.4880). All written complaints received by the MPO shall be referred immediately by Alicia Parinello to the FDOT's District Seven Title VI Coordinator for processing in accordance with approved State procedures.

Written complaints may be sent to:
Pinellas County MPO
310 Court Street
Clearwater, FL 33756

2. Verbal and non-written complaints received by the MPO shall be resolved informally by the MPO'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 MPO's Title VI Specialist to the FDOT's District Seven Title VI Coordinator for processing in accordance with approved State procedures.
3. The MPO's Title VI Specialist will advise the FDOT's District Seven 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 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 MPO.
 - 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 MPO has taken or proposed to resolve the allegation(s) raised in the complaint.
4. Within ten (10) Calendar days, the MPO'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 MPO'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 MPO Interim Executive Director.
6. Within ninety (90) calendar days of the verbal or non-written allegation(s) receipt, the MPO Interim Executive Director 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 MPO. The MPO's Title VI Specialist will also provide the FDOT's District Seven Title VI Coordinator with a copy of this decision and summary of findings.
7. The MPO's Title VI Specialist will maintain a log of all verbal and nonwritten complaints received by the MPO. 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 MPO.
 - e. Date MPO notified the FDOT's District Seven Title VI Coordinator of the verbal or non-written complaint.
 - f. Explanation of the actions the MPO has taken or proposed to resolve the issue raised in the complaint.

FORMULARIO DE QUEJA
(Condado de Pinellas)

Nombre de la persona discriminada		Número de teléfono (Residencia)		Número de teléfono (Trabajo)	
Dirección 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)					
Dirección 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 (Idioma)	<input type="checkbox"/> Edad	<input type="checkbox"/> Impedimento Físico o Impedimento Mental	<input type="checkbox"/> Otro	
Explique 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 cualquier otro escrito relacionado con su caso.					
Firma			Fecha		

TITLE VI AND RELATED STATUTES
DISCRIMINATION COMPLAINT AGAINST THE PINELLAS COUNTY MPO

Name	Telephone (home)	Telephone (work)
Address:	City, State, Zip Code	
Name of MPO Staff Person that You Believe Discriminated Against You:		
Address:	City, State, ZIP Code	
Date of Alleged Incident:		
You were discriminated because of:		
<input type="checkbox"/> Race	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Age
<input type="checkbox"/> Familial Status		<input type="checkbox"/> Religion
<input type="checkbox"/> Disability		<input type="checkbox"/> Other
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:		
Signature	Date	