

Public Notification Regarding Rights under Title VI

Forward Pinellas does not discriminate on the basis of race, color or national origin in administration of its programs, activities or services. Any person who believes she or he has been aggrieved by an MPO program or activity resulting from an unlawful discriminatory practice under Title VI may file a complaint with Forward Pinellas. Listed below are the procedures for filing a complaint.

1. Fill out a complaint form shown on page 2 or 3 (Spanish version).
2. Submit the completed form and mail to Rob Feigel, Title VI Specialist, Forward Pinellas, 310 Court Street, Clearwater, Florida 33756; or email to info@forwardpinellas.org; or fax to 727-464-8212. The complaint must be submitted within 180 days of the alleged incident. Verbal complaints may also be submitted by phone to 727-464-8250 or in person at the above address.
3. Within ten calendar days, the agency'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 Equal Opportunity Office (EOO). If the complaint is related to state or federal funding, the Complainant shall be referred to the FDOT District Seven Title VI Coordinator and/or FTA, as appropriate, for processing in accordance with approved state procedures.
4. The Title VI Specialist will advise the FDOT District Seven Title VI Coordinator within five calendar days of receipt of the allegation(s).
5. Forward Pinellas will conduct a preliminary inquiry into the complaint to determine whether an investigation is warranted. Should Forward Pinellas staff determine that the evidence presented is not sufficient to proceed, the complainant will be notified in writing of the decision within 15 calendar days. The notification shall specifically state the reason(s) for the decision.
6. Should Forward Pinellas staff determine that a full investigation is necessary, the complainant will be notified that an investigation will take place and additional information will be requested, if necessary.
7. Within 60 calendar days, the Title VI Specialist will conduct and complete a review of the allegation(s) and, based on the information obtained, will render a recommendation for action in a report of findings to the Forward Pinellas Executive Director.
8. Within 90 calendar days of receiving the complaint, the 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 EOO, if they are dissatisfied with the final decision rendered by Forward Pinellas.

For more information on the Forward Pinellas Title VI Program and the procedures to file a complaint, contact **Rob Feigel, Title VI Specialist** at 727-464-8250; email info@forwardpinellas.org; or visit our office at 310 Court Street, Clearwater, Florida. For more information, visit the link below.

<http://forwardpinellas.org/get-involved/nondiscrimination-information>

A complainant may file a complaint directly with the Federal Transit Administration through the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590. If information is needed in another language, the Complainant may contact (727) 464-4062. Si se necesita información en otro idioma, llame (727) 464-4062.

DISCRIMINATION COMPLAINT FORM
DISCRIMINATION COMPLAINT AGAINST FORWARD PINELLAS

Name	Telephone (home)	Telephone (work)		
Address:	City, State, Zip Code			
Name of Forward Pinellas 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"/> Familial Status	<input type="checkbox"/> Religion
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin (Language)	<input type="checkbox"/> Age	<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	

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"/> Color de Piel	<input type="checkbox"/> Nacionalidad (Idioma)	<input type="checkbox"/> Edad
		<input type="checkbox"/> Estado Civil
		<input type="checkbox"/> Impedimento Físico o Impedimento Mental
		<input type="checkbox"/> Religión
		<input type="checkbox"/> Otro
<p>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.</p>		
Firma	Fecha	