

FORWARD PINELLAS DISCRIMINATION COMPLAINT PROCEDURE

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 subrecipient of the Florida Department of Transportation, Forward Pinellas, in its role as the Pinellas County Metropolitan Planning Organization (MPO), has in place a Title VI complaint procedure.

Forward Pinellas 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 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 completing one of the forms provided on page C-3 or C-4 and sending it to the address below. (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). Complaints may also be submitted by email to info@forwardpinellas.org, by phone (727-464-8250), or in person.

Forward Pinellas
310 Court Street
Clearwater, FL 33756

2. Within ten calendar days, the Forward Pinellas 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.
3. The Title VI Specialist will advise the FDOT's District Seven Title VI Coordinator within five 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:
 - Name, address, and phone number of the Complainant.
 - Name (s) and address(es) of the Respondent.
 - Basis of complaint (i.e., race, color, national origin, sex, age, disability, religion, familial status or retaliation).
 - Date of alleged discriminatory act(s).
 - Date complaint received by Forward Pinellas.
 - A statement of the complaint.
 - Other agencies (state, local or federal) where the complaint has been filed.

- An explanation of the actions Forward Pinellas has taken or proposed to resolve the allegation(s) raised in the complaint.
4. 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.
 5. 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.
 6. 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.
 7. 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.
 8. The Title VI Specialist will maintain a log of all verbal and nonwritten complaints received by the agency. The log will include the following information:
 - Name of Complainant.
 - Name of Respondent.
 - Basis of Complaint (i.e., race, color, national origin, sex, age, disability, religion, familial status or retaliation).
 - Date verbal or non-written complaint was received by Forward Pinellas.
 - Date Forward Pinellas notified the FDOT's District Seven Title VI Coordinator of the verbal or non-written complaint.
 - Explanation of the actions Forward Pinellas 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
<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		

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	