**(Appendix 1)**

***Title VI Plan***

**Section 5310/5311 grantee**

*Orange County Transit Services*

|  |  |
| --- | --- |
| Adopted on: | (January 17, 2013) |
| Adopted by: | First Chance Center Board of Directors |
| Revised on: | (August 16, 2016) |

*This policy is hereby adopted and signed by*:

**Orange County Transit Services/ First Chance Center**

|  |  |
| --- | --- |
| Chairperson Name/Title: |  |
| Chairperson Signature: |  |

|  |
| --- |
|  |

**Policy Statement**

Orange County Transit Services (OCTS) as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Indiana Department of Transportation (INDOT) will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the U.S. Department of Transportation implementing regulations.

**Title VI Plan Elements**

The **OCTS’** Title VI plan includes the following elements:

|  |
| --- |
| 1. *Evidence of Policy Approval* 2. *Notice to the Public* 3. *Complaint Procedure* 4. *Complaint Form* 5. *List of transit related Title VI Investigations, Complaints and Lawsuits* 6. *Public Participation Plan* 7. *Language Assistance Plan* 8. *Minority Representation Table and Description*   *Note: Additional materials will be attached, if required.* |

# (Appendix 2) - TITLE VI Notice to the Public

*Orange County Transit Services*

Orange County Transit Services Notice to the Public is as follows:

|  |
| --- |
| Notifying the Public of Rights Under Title VI  **Orange County Transit Services(OCTS)**  OCTS operates its programs and services without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **OCTS**.  For more information on **OCTS’** civil rights program, and the procedures to file a complaint, contact 812-723-4043, (TTY 812-723-4486); rlagenour@firstchancecenter.com. ; or visit our administrative office at 986 West Hospital Road Paoli, IN 47454. For more information, visit www.firstchancecenter.com  A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with 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, contact 812-723-4486.  *Si se necesita informacion en otro idioma de contacto, 812-723-4486* |

**OCTS’** Notice to the Public is posted in the following locations: (*check all that apply*)

X Agency website [***www.firstchancecenter.com***]

X Public areas of the agency office (common area, public meeting rooms, etc.)

X Inside vehicles

X Rider Guides/Schedules

Transit shelters and stations

Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Appendix 3) – Title VI Complaint Procedure**

*Orange County Transit Services*

**OCTS’S** Title VI Complaint Procedure is made available in the following locations: (*check all that apply*)

Agency website, either as a reference in the Notice to Public or in its entirety

Hard copy in the central office

Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any person who believes she or he has been discriminated against on the basis of race, color, religion, sex, sexual orientation, gender identity, or national origin by **Orange County Transit Services (OCTS)** may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. **OCTS** investigates complaints received no more than 180 days after the alleged incident. **OCTS** will process complaints that are complete.

Once the complaint is received, **OCTS** will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

**OCTS** has **10** days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has **5** business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 5 business days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters 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.
* A letter of finding (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.

If the complainant wishes to appeal the decision, she/he has 5 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact **812-723-4486**

**(Appendix 4) – Title VI Complaint Form**

*Orange County Transit Services*

**Orange County Transit Services (OCTS)** Title VI Complaint Procedure is made available in the following locations: (*check all that apply*)

Agency website, either as a reference in the Notice to Public or in its entirety

Hard copy in the central office

Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.

Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone (Home):** | | | | **Telephone (Work):** | | | | | | | |
| Electronic Mail Address: | | | | | | | | | | | |
| Accessible Format Requirements? | Large Print | |  | | | **Audio Tape** | | | | |  |
| TDD | |  | | | **Other** | | | | |  |
| **Section II:** | | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | Yes\* | | No | | |
| \*If you answered "yes" to this question, go to Section III. | | | | | | | | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | | | |  | | | | |
| Please explain why you have filed for a third party: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | | | | | Yes | | | No | |
| **Section III:** | | | | | | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  [ ] Race [ ] Color [ ] National Origin [ ] Sex [ ] Gender Identity [ ] Sexual Orientation [ ] Religion  Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Section IV** | | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | | | Yes | No | | | |
| **Section V** | | | | | | | | | | | |
| 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 Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Title:** | | | | | | | | | | | |
| **Agency:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | |
| **Section VI** | | | | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | | | | |
| Contact person: | | | | | | | | | | | |
| Title: | | | | | | | | | | | |
| Telephone number: | | | | | | | | | | | |

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

Signature and date required below:

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

Printed Name

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

Signature Date

Please submit this form in person at the address below, or mail this form to:

Robin Lagenour

Orange County Transit Services

986 West Hospital Road

P.O. Box 267

Paoli, IN 47454