

PASCO COUNTY MPO 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 FDOT, the Pasco County MPO has in place the following discrimination complaint procedures:

1. Any person who believes that he or she or any specific class of persons has been subjected to discrimination or retaliation prohibited by Title VI of the Civil Rights Act of 1964 as amended and related statutes may file a written complaint. All written complaints received by the Pasco County MPO shall be referred immediately by the Pasco County MPO Title VI Specialist to the FDOT, District Seven, Title VI Coordinator for processing in accordance with approved State procedures.
2. Verbal or nonwritten complaints received by the Pasco County MPO shall be resolved informally by the Pasco County MPO Title VI Specialist. If the issue has not been satisfactorily resolved through informal means, or if at any time the person(s) request(s) to file a formal written complaint, the Pasco County MPO Title VI Specialist shall refer the complainant to the FDOT, District Seven, Title VI Coordinator for processing in accordance with approved State procedures.
3. The Pasco County MPO Title VI Specialist will advise the FDOT, District Seven, Title VI Coordinator within five calendar days of receipt of the complaint. The following information will be included in every notification to the FDOT, District Seven, Title VI Coordinator:
 - a. Name, address, and phone number of the complainant.
 - b. Name(s) and address (es) of alleged discriminating official.
 - 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 of complaint received by the Pasco County 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 Pasco County MPO has taken or proposed to resolve the allegation(s) raised in the complaint.
4. Within ten calendar days, the Pasco County MPO Title VI Specialist will acknowledge receipt of the complaint(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 (EEO).
5. Within 60 calendar days, the Pasco County MPO Title VI Specialist will conduct and complete a review of the verbal or nonwritten complaint(s) and based on the information obtained, will render a recommendation for action in a report of findings to the head of the Pasco County MPO.
6. Within 90 calendar days of receiving the verbal or nonwritten complaint(s), the Pasco County MPO Title VI Specialist 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 the Pasco County MPO. The Pasco County MPO Title VI Specialist will also provide the FDOT, District Seven, Title VI Coordinator with a copy of this decision and summary of findings.

7. The Pasco County MPO Title VI Specialist will maintain a log of all verbal or nonwritten complaints received. The log will include the following information:
 - a. Name of complainant.
 - b. Name of alleged discriminating official.
 - c. Basis of Complaint; i.e., race, color, national origin, sex, age, disability, religion, familial status, or retaliation.
 - d. Date verbal or nonwritten complaint was received by the Pasco County MPO.
 - e. Date the Pasco County Title VI Specialist notified the FDOT, District Seven, Title VI Coordinator of the verbal or nonwritten complaint.
 - f. Explanation of the actions the Pasco County MPO has taken or proposed to take to resolve the allegation(s) raised in the complaint(s).

**TITLE VI PROGRAM AND RELATED STATUTES
DISCRIMINATION COMPLAINT FORM**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.: (_____) _____

Work Telephone No.: (_____) _____

You were discriminated against because of:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Age | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Other: _____ | | |

Date of Alleged Incident: _____

Name(s) of the person(s)/program that are the basis of this complaint: _____

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, if any, were treated differently than you. Also attach any written material pertaining to your case.

Signature _____ Date _____

Please mail this form to: Metropolitan Planning Organization
Attention Manny Lajmiri
Title VI Specialist
8731 Citizens Drive, Suite 320
New Port Richey, FL 34654