

3.0 Title VI Notice to the Public

FTA Circular 4702.1B, Chapter III, Paragraph 5: Title 49 CFR 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI.

3.1 Notice to Public

Recipients must notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI Program. The notice must include:

- A statement that the agency operates programs without regard to race, color and national origin
- A description of the procedures members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow in order to file a discrimination complaint against the grantee

A sample of the notice is included in Appendix D of this Plan. The sample notice should be translated into other languages, as necessary.

3.2 Notice Posting Locations

The Notice to Public will be posted at many locations to apprise the public of Quest, Inc.'s obligations under Title VI and to inform them of the protections afforded them under Title VI. At a minimum, the notice will be posted in public areas of Quest, Inc.'s office(s) including the reception desk and meeting rooms, Quest, Inc. vehicles and on the Quest, Inc.'s website at www.questinc.org.

A sample version of this notice is included in Appendix D of this Plan along with any translated versions of the notice, as necessary.

4.0 Title VI Procedures and Compliance

FTA Circular 4702.1B, Chapter III, Paragraph 6: All recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to member of the public.

4.1 Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by Quest, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Quest, Inc. investigates complaints received no more than 180 days after the alleged incident. Quest, Inc. will process complaints that are complete.

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

Quest, Inc. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Quest, Inc. may contact the complainant. The complainant has ten (10) 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 ten (10) business days, Quest, Inc. can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two 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 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Quest, Inc. website (www.questinc.org).

4.2 Complaint Form

A copy of the complaint form in English is provided in Appendix E and on Quest, Inc.'s website (www.questinc.org).

Quest, Inc.

Title VI Complaint Form

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	Age	
Disability	Family or Religious Status	Other (explain) _____		
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

Signature

Date

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

Brooke Eakins, Chief Operating Officer
1509 East Colonial Drive, Ste. 300
Orlando, FL 32803



Quest, Inc.

Title VI Complaint Form

Antes de completar este formulario, por favor lea Quest, Inc. Title VI Complaint Procedures en nuestra página informática en www.questinc.org o visite nuestra oficina. La siguiente información es necesaria y requerida para ayudar a procesar su queja. Si necesita ayuda para completar este formulario, por favor contáctenos al (407-218-4300). Las quejas deben ser recibidas dentro de 180 días de la fecha que la presunta discriminación ocurrió.

Sección I:				
Nombre:				
Dirección:				
Teléfono (Casa):			Teléfono (Trabajo):	
Correo Electrónico:				
¿Requiere formato accesible?	Letra Grande		Cinta Audio	
	TDD		Otro	
Sección II:				
¿Está presentando esta queja para usted?			Sí*	No
*Si contesto "si" a esta pregunta, siga a la Sección III.				
Si no, por favor suministre el nombre y la relación de la persona a quien usted le esta completando esta queja:				
Explique por qué esta siendo representado por otra persona: _____				
Por favor confirme que ha obtenido el permiso del reclamante de esta queja.			Si	No
Sección III:				
Creo que la discriminación que he experimentado se basaba en (marque todas las casillas que apliquen):				
Raza	Color	Origen Nacional	Age	
Disability	Family or Religious Status	Other (explain) _____		
Fecha de la Supuesta Discriminación (Mes, Día, Año): _____				
Explique detalladamente lo que pasó y por qué usted cree que fue discriminado(a). Describa a todas las personas involucradas. Incluya el nombre y datos de contacto sobre la persona que discriminó (si lo conoce) así como nombres y datos de contacto de testigos. Por favor incluya cualquier otra información que podría ayudarnos en nuestra investigación de esta queja. Por favor suministre cualquier documentación relevante a esta queja.				

Sección IV		
¿Ha presentado esta queja con cualquier otra agencia Federal, estatal, local, o con cualquier Tribunal Federal o estatal?	Si	No

Section V	
En caso afirmativo, marque todos los que se aplican:	
Agencia Federal _____	
Corte Federal _____	Agencia Estatal _____
Corte Estatal _____	Agencia Local _____

Sírvanse proporcionar información sobre la persona de contacto en la Agencia/corte donde se presentó la queja.
Nombre:
Título:
Agencia:
Dirección:
Teléfono:

Sección VI
Nombre de la agencia la cual esta denunciando esta queja:
Nombre:
Título:
Teléfono:

Usted puede incluir cualquier material escrito u otra información que sea pertinente a su queja.
Firma y fecha requerida abajo.

Firma

Fecha

Por favor, entregue este formulario en persona a la dirección indicada abajo, o envíe por correo este formulario a:

Brooke Eakins, Chief Operating Officer
1509 East Colonial Drive, Ste. 300
Orlando, FL 32803

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