**TITLE VI COMPLAINT PROCEDURE**

***Proceso de Querellas de Titulo VI***

1. Filling a complaint *(Someter una querella)*

If any individual, group or individuals, or entity believes that they or any other Transit program beneficiaries have been subjected to discrimination prohibited by Title VI nondiscrimination provision as a recipient of benefits and/or services, or on the grounds of race, color, or national origin they may exercise the right to file a complaint with the Municipality of Cabo Rojo. Every effort will be made to resolve complaints informally at the agency, recipient and/or contractor level.

*Si un individuo, grupo o entidad entiende que el/ella o cualquier otro beneficiario del Transporte de Cabo Rojo entiende que a sido sujeto a discriminación prohibida por el Titulo VI por motivos de raza, color u origen nacional, como recipiente de beneficios y/o servicios tiene derecho de radicar una querella en el municipio. El municipio hará todo esfuerzo para resolver toda querella informalmente directamente con el personal y/o contratista.*

Time Limitation on Filing Complaints *(Limitación de tiempo para radicar querella)*

Complaints must be filed not later than 180 days after:

*Querellas deben de ser radicadas no más tardar de 180 días luego de:*

* The date of the alleged act of discrimination; or *(Fecha de cuando ocurrió el presunto acto de discriminación)*
* The date the person became aware of the alleged discrimination; or *(Fecha de cuando la persona entro en conocimiento del presunto acto de discriminación)*
* Where there has been a continuing course of discriminatory conduct, the date on which the conduct was discontinued. *(Donde ha ocurrido continuamente actos de discriminación, la fecha donde ceso la discriminación)*

Title VI complaints may be filed with:

*Puede querellarse sobre Titulo VI con:*

* Municipality of Cabo Rojo *(Municipio de Cabo Rojo)*
* Federal Transportation Administration *(Administración Federal de Transito*)
* U.S. Department of Transportation *(Departamento de Transportación Federal)*

Complaints must be in writing and must be signed by the complainant and/or the complainant’s representative (See complaint form). The complaint must set forth, as fully as possible, all the facts and circumstances surrounding the claimed discrimination.

*Las querellas deben ser por escrito y deben estar firmadas por el denunciante y/o el representante del reclamante (Ver formulario de querella). Debe exponer, de la manera más completa posible, todos los hechos y circunstancias que rodean la discriminación reclamada.*

A Title VI complaint form is available at the Cabo Rojo Federal Programs Office during normal business hours.

*Un formulario de querella del Título VI está disponible en la Oficina de Programas Federales durante el horario regular.*

A person may also file a complaint directly with the U.S. Department of Transportation by contacting the Department at: U.S. Department of Transportation, Federal Transit Administration's Office of Civil Rights: Complaint Team, East Building, 5th Floor - TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590 or call (888) 446-4511.

*Una persona también puede presentar una querella directamente ante el Departamento de Transportación de los Estados Unidos comunicándose al: Departamento de Transportación de los Estados Unidos, Oficina de Derechos Civiles de la Administración Federal de Tránsito: Equipo de Quejas, East Building, 5th Floor - TCR, 1200 New Jersey Avenue SE, Washington, DC 20590 o llamando al* *(888) 446-4511**.*

**MUNICIPALITY OF CABO ROJO**

**TITLE VI COMPLAINT FORM**

 (Disponible también en Español)

This form may be used to file a complaint with the Municipality of Cabo Rojo based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form, a letter that provides the same information may be submitted to file your complaint.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work)

**Individual(s) discriminated against, if different than above (use additional pages if needed).**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work)

Please explain your relationship with the individual(s) indicated above and reason for filling for them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of agency and department or program that discriminated:**

Agency or department name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of alleged discrimination:**

Date discrimination began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last or most recent date, if has occurred more than once \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLEGED DISCRIMINATION:**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

\_\_\_\_Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_National Origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explain:**

Please explain, as clearly as possible, what happened. Provide the name(s) of witness (es) and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written material pertaining to your case).

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

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Have you previously filled a Title VI complaint with this agency? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you filled this same complaint with the state or federally? \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, then state the other agency where complaint has been filled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form in person at the Federal Programs Department or by mail to PO BOX1308

Cabo Rojo PR, 00623

Note: *The Municipality of Cabo Rojo* *prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the Municipality. Please inform the Federal Programs Director if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*

**MUNICIPIO DE CABO ROJO**

**QUERELLA DE TITULO VI**

(Also available in English)

Este formulario se utiliza para querellarse con el Municipio de Cabo Rojo en base a violaciones del Título VI de la Ley de Derechos Civiles del 1964. No se requiere el uso de esta forma, usted puede someter una carta que contenga la información detallada en este documento como querella.

Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (residencial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trabajo)

**Persona (s) que han sido víctimas de discrimen, si son diferentes a la persona en la parte superior (usar páginas adicionales si es necesario).**

Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (residencial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trabajo)

Favor explicar su relación con las personas indicadas en la parte superior y porque radica en su nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agencia o Departamento que discriminó:**

Nombre de Agencia o Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Individuo (si lo conoce):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fecha (s) de presunta discriminación:**

Fecha de discriminación \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha más reciente, si ha ocurrido más de una ocasión \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si su reclamación es relacionada a acciones de discriminación por la calidad del servicio recibido o el trato recibido por parte de personal del Municipio de Cabo Rojo, favor indicar abajo la razón por la cual usted cree que fue motivo de la acción.

\_\_\_\_Raza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Origen Nacional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explicar:**

Favor explicar, lo más claro posible, lo ocurrido. Proveer nombre (s) de testigo (s) u otros envueltos en la presunta discriminación. (Adjuntar hojas adicionales de ser necesario y proveer cualquier información o material de evidencia pertinente a su reclamación).

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

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¿Ha sometido alguna otra querella de discriminación bajo Titulo VI? \_\_\_\_\_ si \_\_\_\_\_ no

¿Ha sometido esta misma querella ante el gobierno local o federal? \_\_\_\_\_ si \_\_\_\_\_ no (Si la respuesta es afirmativa favor indicar la agencia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favor someter esta forma a la Oficina de Programas Federales o por correo a Apartado 1308, Cabo Rojo PR, 00623

Nota: *El Municipio de Cabo Rojo prohíbe represalias o intimidación en contra de cualquier persona por haber tomado acción o participado en el proceso de tomar acción para asegurar los derechos protegidos bajo las políticas del municipio. Favor informar al Especialista de Programa de FTA si usted siente que está siendo intimidado o está experimentando posibles represalias como relacionadas a someter este documento.*