MILFORD TRANSIT DISTRICT

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FIXED ROUTE BUS SERVICE

ADA VAN SERVICES
ELDERLY VAN SERVICES

RAIL STATION PARKING
MILFORD TRANSIT DISTRICT (MTD)
NOTICE OF NONDISCRIMINATION

MTD hereby gives public notice that it is the policy of the Milford Transit District to assure full compliance with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Executive Order 12898 on Environmental Justice and related statutes and regulations in all programs and activities. Title VI requires that no person in the United States of America shall, on the grounds of race, color, sex, or national origin, be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which MTD receives federal financial assistance. Any person who believes they have been aggrieved by an unlawful discriminatory practice under Title VI has a right to file a formal complaint with MTD. Any such complaint must be in writing and filed with MTD’s Title VI Coordinator within one hundred eighty (180) days following the date of the alleged discriminatory occurrence. For more information, or to obtain a Title VI Discrimination Complaint Form, call MTD at 203-874-4507.

NONDISCRIMINATION COMPLAINT PROCEDURES

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity administered by Metro or its subrecipients, consultants, and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complainant.

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and the Title VI Coordinator may be utilized for resolution, at any stage of the process. The Title VI Coordinator will make every effort to pursue a resolution to the complaint. Initial interviews with the complainant and the respondent will request information regarding specifically requested relief and settlement opportunities.

LIMITED ENGLISH PROFICIENCY POLICY STATEMENT

The Milford Transit District is committed to providing equal opportunity in all programs and services to ensure full compliance with all civil rights laws, including Title VI of the 1964 Civil Rights Act which requires non-discrimination on the basis of national origin. Equal opportunity includes physical and program access for persons with disabilities and program access for persons with Limited English Proficiency (LEP). Program and physical access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 as amended, Section 504.

It is the policy of the Milford Transit District to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits. This access would also include the nondiscrimination compliant procedures as outlined in this document.
Any individual eligible for programs/services at Milford Transit District who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with our staff has the following rights:

- A right to qualified interpreter services at no cost to them.
- A right not to be required to rely on their minor children, other relatives or friends as interpreters.
- A right to file a grievance about the language access services provided them.

Henry Jadach is the Executive Director and is the District’s designated Equal Rights/Limited English Proficiency Coordinator. Mr. Jadach can be weekdays from 9:00 am to 4:30 pm at 203-874-4507. The discrimination complaint resolution process is available to you at our web site at [www.milfordtransit.com](http://www.milfordtransit.com).

**Procedures**

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by Title VI nondiscrimination provisions may file a written complaint with MTD’s Title VI Coordinator. A formal complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. The complaint must meet the following requirements:
   a. Complaint shall be in writing and signed by the complainant(s).
   b. Include the date of the alleged act of discrimination (date when the complainant(s) became aware of the alleged discrimination; or the date on which that conduct was discontinued or the latest instance of the conduct).
   c. Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the complained-of incident.
   d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have been established. The complainant is required to mail a signed, original copy of the fax or e-mail transmittal for MTD to be able to process it.
   e. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to MTD for processing.

2. Upon receipt of the complaint, the Title VI Coordinator will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint.

3. In order to be accepted, a complaint must meet the following criteria:
   a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
   b. The allegation(s) must involve a covered basis such as race, religion, color, national origin, or gender.
c. The allegation(s) must involve a program or activity of a Federal-aid recipient, subrecipient, or contractor.

d. The complainant(s) must accept reasonable resolution based on MTD’s administrative authority (reasonability to be determined by MTD).

4. A complaint may be dismissed for the following reasons:
   a. The complainant requests the withdrawal of the complaint.
   b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
   c. The complainant cannot be located after reasonable attempts.

5. Once MTD decides to accept the complaint for investigation, the complainant will be notified in writing of such determination within five calendar days. The complaint will receive a case number and will then be logged into MTD’s records identifying its basis and alleged harm, and the race, religion, color, national origin, and gender of the complainant.

6. In cases where MTD assumes the investigation of the complaint, MTD will provide the respondent with the opportunity to respond to the allegations in writing. The respondent will have 10 calendar days from the date of MTD’s written notification of acceptance of the complaint to furnish his/her response to the allegations.

7. In cases where Metro assumes the investigation of the complaint, within 40 calendar days of the acceptance of the complaint, MTD’s Title VI Coordinator will prepare an investigative report for review by the MTD Board of Directors and the Executive Director. The report shall include a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition.

8. The investigative report and its findings will be sent to the Milford City Attorney for Review. After 10 days the City Attorney will render a recommendation.

9. Any comments or recommendations from the City Attorney will be reviewed by MTD’s Title VI Coordinator. The Title VI Coordinator will discuss the report and recommendations with the Executive Director and the Board of Directors within 10 calendar days. The report will be modified as needed and made final for its release.

10. MTD’s final investigative report and a copy of the complaint will be forwarded to the Federal Transit Administration, Region I, within 60 calendar days of the acceptance of the complaint.

11. MTD will notify the parties of its final decision.

12. If complainant is not satisfied with the results of the investigation of the alleged discrimination and practices the complainant will be advised of the right to appeal to the Federal Transit Administration, Office of Civil Rights Region I, 55 Broadway (Suite 920) Cambridge, MA 02142. The complainant has 180 days after MTD’s final resolution to appeal to FTA. Unless the facts not previously considered come to light, reconsideration of appeal to MTD will not be available.
Milford Transit District Title VI Complaint Form

Note: We are asking for the following information to assist in processing your complaint. If you need help in completing this form please let us know.

Complainant’s Information:

Name: ______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip Code: _____________________________________________________________
Telephone Number (Home): _______________________________________________________
Telephone Number (Work): _______________________________________________________

Person Discriminated Against (if someone other than complainant):

Name: ______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip Code: _____________________________________________________________
Telephone Number (Home): _______________________________________________________
Telephone Number (Work): _______________________________________________________

Which of the following best describes the reason you believe the discrimination took place?

Race/Color (specify): ____________________ National Origin (specify): _________________
Sex: __________________________________

On what date (s) did the alleged discrimination take place? ___________________________

Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List names and contact information of persons who may have knowledge of the alleged discrimination

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? Check all that apply.

Federal agency ___________ State agency ___________ Local agency ___________
Federal court _____________ State court _____________

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip Code: _____________________________________________________________
Telephone Number (Work): _______________________________________________________

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

______________________________________  ______________________________________
Complainant Signature                  Date

Attachments:  Yes ___________________ No ___________________

Submit form and any additional information to:

Henry D. Jadach                                      Phone:    (203) 874-4507
Title VI Coordinator                                  Fax:       (203) 882-0954
Milford Transit District                              Email:    henry@milfordtransit.com
259 Research Drive                                    
Milford, CT  06460