## Title VI and ADA Nondiscrimination Policy and Plan



City of Lake Worth

February 2016

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# TITLE VI and ADA NONDISCRIMINATION POLICY and PLAN

#### I. Designation of a City of Lake Worth Title VI & ADA Officer

The City of Lake Worth (City) hereby designates its Human Resources Director, Germaine English, to additionally serve as its Title VI & ADA Officer. This name, along with the appropriate contact information, will be widely disseminated to the public through the City's website, publications, and other means.

#### **II. Nondiscrimination Policy Statement**

The City's values diversity and both welcomes and actively seeks input from all interested parties, regardless of cultural identity, background or income level. Moreover, the City does not tolerate discrimination in any of its programs, services or activities. The City will not exclude participation in, deny the benefits of, or subject to discrimination anyone on the grounds of race, color, national origin, sex, age, disability, religion, income, or family status. Additionally, the City extends these same assurances to any protected class as recognized by any of the local governments within its service area. The City will actively work to ensure inclusion of everyone in our community so that our programs, services and activities represent the diversity we enjoy.

The purpose of the City's Title VI program is to establish and implement procedures that comply with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, the Americans with Disabilities Act of 1990 (ADA), as well as other related federal and state statutes and regulations, and the Lake Worth Civil Rights Act, as amended. These procedures have been adopted to conform to Federal Transit Administration (FTA) and Federal Highway Administration (FHWA) regulations, as well as to Florida Department of Transportation (FDOT) guidelines.

### III. Statement of Commitment to Serve Persons with Limited English Proficiency (LEP)

Title VI of the Civil Rights Act of 1964, Executive Order 13166, and various directives from the US Department of Justice (DOJ) and US Department of Transportation (DOT) require federal aid recipients to take reasonable steps to ensure meaningful access to programs, services and activities by those who do not speak English proficiently. In adherence with these regulations, the City makes reasonable efforts to ensure its programs, services and activities are meaningfully accessible to those who do not speak English proficiently. The City intends to develop a Limited English Proficiency (LEP) Plan to assess the need and address the resources for oral interpretation and translation of program documents into alternate languages to ensure meaningful access. In developing the Plan, the City will assess its programs and services to determine the extent to which LEP services are required and in which languages, by conducting an analysis of the following four factors:

- The number or proportion of LEP persons eligible to be served or likely to be encountered by the City's programs, services or activities;
- The frequency with which LEP individuals come in contact with these programs, services or activities;
- The nature and importance of the program, service, or activity to people's lives; and
- The resources available to the CITY and costs.

Using 2013 census and Palm Beach School District data, it is estimated that LEP individuals speaking English less than well represent approximately 20% of the community. The City on occasion receives requests for translation services. A list of City staff proficient in Spanish and French Creole will be maintained for this purpose. Advisory signs to this effect are provided in City Hall. In addition, public notices are translated into these languages when appropriate.

The City understands that its community profile is changing and the four factor analysis may reveal the need for more or varied LEP services in the future. Accordingly, the City's LEP Plan will be periodically updated as needed, or annually at a minimum.

The City does not intend that its Limited English Proficiency (LEP) Plan exclude anyone requiring language assistance and will attempt to accommodate requests. Anyone who requires special language services is requested to contact the City's Title VI Officer:

Germaine English
Human Resources Director / Title VI & ADA Officer
City of Lake Worth
7 North Dixie Highway
Lake Worth, FL 33460
Telephone: 561-586-1632

Fax: 561-586-1750

Email: genglsih@lakeworth.org

Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired (English, Spanish, or French Creole): Please

contact the City by calling toll-free to the Florida Relay Service, 7-1-1

### IV. Statement of Commitment to Serve Persons with Disabilities in Compliance with the ADA/504

Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act of 1990 (ADA) and related federal, state and local laws and regulations forbid discrimination against those who have disabilities. Furthermore, these laws require federal aid recipients and other government entities to take affirmative steps to reasonably accommodate the disabled and ensure that their needs are equitably represented in the transportation programs, services and activities.

The City endeavors to ensure that its facilities, programs, services, and activities are available to those with disabilities in accordance with the Americans with Disabilities Act (ADA). The City also actively

seeks out disabled communities and service groups to ensure their input into the City's programs, services and activities. The City will make every effort to ensure that its advisory committees and public participation activities include representation by the disabled community and disability service groups. The City will make every effort to ensure that its facilities, programs, services, and activities are accessible to those with disabilities. The City encourages the public to report any facility, program, service or activity within the county that appears inaccessible to the disabled. Furthermore, the City will provide reasonable accommodation to disabled individuals who wish to participate in meetings, public participation activities, or other events or programs of the City, or who require special assistance to access City facilities, programs, services or activities. Because providing reasonable accommodation may require outside assistance, organization or resources, the City asks that requests be made at least seven (7) days prior to the need for accommodation.

Questions, concerns, comments or requests for accommodation should be made to the CITY's ADA Officer:

Germaine English
Human Resources Director / Title VI & ADA Officer
City of Lake Worth
7 North Dixie Highway
Lake Worth, FL 33460
Telephone: 561-586-1632

Fax: 561-586-1750

Email: genglish@lakeworth.org

Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired (English, Spanish, or French Creole): Please

contact the City by calling toll-free to the Florida Relay Service, 7-1-1

#### V. Processes and Procedures for Document Updates

Any updates of Title VI & ADA related documents and plans will be deemed appendices to the City's Public Involvement Plan. The designated City Title VI & ADA Officer will annually review all related documents and plans to determine what, if any, updates may be needed.

#### VI. Processes and Procedures for Staff Trainings

As the designee of the City's Title VI & ADA Officer, Jerry Kelly attended a training session on Title VI & ADA civil rights and nondiscrimination on August 11, 2014, in Ft. Lauderdale, FL. Those conducting the training were Carey Shepherd, FHWA Civil Rights Program Coordinator, and Jacqueline Paramore, FDOT Title VI Coordinator. City staff will participate in future trainings as opportunities become available. The Title VI & ADA Officer will coordinate periodic training for other City staff, various City committee and advisory board members, and City Commission members as deemed necessary.

#### **VII. Complaint Procedures**

The City has established a discrimination complaint procedure and will take prompt and reasonable action to investigate and eliminate discriminatory actions. Any person who believes that he or she has been subjected to discrimination based upon race, color, national origin, sex, religion, age, disability, income, family status, or as a member of any protected class as designated by a local government within the City's service area, may file a complaint with the City's Title VI Officer:

Germaine English
Human Resources Director / Title VI & ADA Officer
City of Lake Worth
7 North Dixie Highway
Lake Worth, FL 33460
Telephone: 561-684-4143

Fax: 561-586-1632

Email: genglish@lakeworth.org

Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired (English, Spanish, or French Creole): Please contact the City by calling toll-free to the Florida Relay Service, 7-1-1

If possible, the complaint should be submitted in writing and contain the identity of the complainant; the basis for the allegations (i.e., race, color, national origin, sex, religion, age, disability, income or family status); and a description of the alleged discrimination with the date of occurrence. If the complaint cannot be submitted in writing, the complainant should contact the City's Title VI Officer for assistance.

The Title VI Officer will respond to the complaint within thirty (30) days and will take reasonable steps to resolve the matter. Should the City be unable to satisfactorily resolve the complaint, the Title VI Officer will forward the complaint, along with a record of its disposition, to the Florida Department of Transportation (FDOT), Equal Opportunity Office, Statewide Title VI Coordinator. FDOT will assume jurisdiction over the complaint for continued processing.

#### **VIII. Filing Complaints of Discrimination**

#### A. Filing of Title VI Complaints of Discrimination

- 1. Any person who feels that he/she has been subjected to race, color, or national origin discrimination under Title VI of the Civil Rights Act of 1964, or other forms of discrimination based upon sex, sexual orientation, gender identity or expression, age, disability, religion, family or income status discrimination under related nondiscrimination laws and regulations may file a complaint with the City.
- 2. A complaint must be filed within one hundred eighty (180) days after the date of the alleged discrimination, unless the time for filing is extended by the FTA, FHWA or other federal authorities.
- 3. Complaints should be in writing, signed by the complainant or his/her representative(s), and must include the complainant(s) name, address, and telephone number. Allegations

of discrimination received via facsimile or e-mail will be acknowledged and processed. Allegations received by telephone will be documented in writing and provided to the complainant(s) for review before processing. The complaint form can be accessed on the website:

<u>www.lakeworth.org</u> or you may call Germaine English at (561) 586-1632 (call Florida Relay 711 if hearing impaired) or e-mail <u>genglish@lakeworth.org</u>.

Signed complaint forms should be submitted to:

Attention: City of Lake Worth

Germaine English, Human Resources Director / Title VI & ADA Officer

7 North Dixie Highway Lake Worth, FL 33460

#### B. Complaint Investigation

- 1. Upon receipt of a signed complaint, the City's Title VI & ADA Officer or his/her designee will within five (5) working days, provide the complainant or his/her representative with a written acknowledgement of the complaint.
- 2. City staff will conduct a preliminary inquiry into the complaint to determine whether the complaint has sufficient merit to warrant an investigation. Should CITY staff determine that the evidence presented is not sufficient to proceed, the complaint will be closed and the complainant or his/her representative will be notified in writing of the decision within fifteen (15) working days. This notification shall specifically state the reason(s) for the decision.
- Should City staff determine that a full investigation is necessary, the complainant or his/her representative will be notified that an investigation will take place and additional information will be requested, if necessary. The investigation should last no more that forty-five (45) working days.
- 4. Should a complainant fail to provide additional information within the prescribed timeframe, this may be considered as a failure to cooperate with the investigation, and the complaint will be administratively closed.

#### C. Disposition

1. Upon completion of the investigation, a written notification of disposition will be sent by certified mail to the complainant or his/her representative within sixty (60) working days of filing the complaint.

Federal Highway Administration
Office of Civil Rights - Investigations and Adjudications

HCR-40, Room E81-328 1200 New Jersey Avenue, SE Washington, DC 20590

#### D. Retaliation

Retaliation is prohibited under Title VI of the Civil Rights Act of 1964 and related federal and
state nondiscrimination authorities. It is the policy of the CITY that persons filing a complaint
of discrimination should have the right to do so without interference, intimidation, coercion,
or fear of reprisal. Anyone who feels he/she has been subjected to retaliation should report
such incident to the City Manager's Office.

Michael Bornstein, City Manager	Enacted Administrative Regulation

#### **CITY OF LAKE WORTH**

Ciudad de Lake Worth (CITY)

### COMPLAINT OF TITLE VI DISCRIMINATION Formulario de queja de discriminación por el Titulo VI

The CITY, as a recipient of federal financial assistance, is required to ensure that its services and related benefits are distributed in a manner consistent with Title VI of the Civil Rights Acts of 1964, as amended.

Any person who believes that he or she, individually or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, or national origin, may file a written complaint with the CITY.

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

La Ciudad de Lake Worth (CITY), como recipiente de ayuda financiera federal, es requerida a asegurar que el servicio de transporte público y sus servicios relacionados son distribuidos de una manera consistente con el Titulo VI del Acta de Derechos Civiles del 1964, con sus enmiendas.

Si usted cree que, individualmente o como parte de una clase especifica de personas, ha sido discriminado bajo el Titulo VI, basado en su raza, color, o nacionalidad, puede presentar una queja por escrito al CITY.

Le pedimos la siguiente información para poder tramitar su queja. Si necesita ayuda para llenar este formulario, póngase en contacto con el CITY.

1.	Complainant	
	Reclamante	
	Name:	
	Nombre:	
	Street Address:	
	Dirección:	
	City, State, Zip Code:	
	Ciudad, estado, código postal:	
	Telephone:	
	№ de teléfono:	
	E-mail Address:	
	Dirección de Correo Electrónico:	

•	_	•	e other than the complainar misma que el reclamante:	nt):
	Name:			
	Nombre:			
	Street Address: Dirección:			
	Ciudad, estado, código pos	stal:		
	Tel. Home Number:			
	Nº de teléfono: Domicilio:		Trabajo:	
	E-mail Address:			
	Dirección de Correo Electro	ónico:		
	·	ón de un(a) ab	ogado(a) con relación al asu	ınto de su qu
	Yes			
	Sí	No		
	If yes, please complete the Si tiene abogado(a), prove	_	información:	
	Attorney's Name:			
	Nombre del abogado(a):			
	Street Address:			
	Dirección:			
	City, State, Zip Code :			
	Ciudad, estado, código pos	stal:		
	Telephone Number:			
	№ de teléfono:			

Race	Color	National Origin
Raza	Color	Nacionalidad
Sex	Disability	Sexual Orientation
Sexo	Incapacidad/impedimento	Orientación sexual
Political Affil	iation Mari	tal Status
Afiliación poli		do civil
	lleged discrimination: upuesta discriminación:	
•	below, please describe the alleged dis- eve was responsible.	, , ,
Por favor des	scriba abajo el supuesto acto de discrin uien usted piensa es el responsable po	
Por favor des que pasó y que Have you file or with a stat ¿Ha presento	scriba abajo el supuesto acto de discrir	r el supuesto acto. ation with a federal, state or local ninada) la queja ante una agencia
Por favor des que pasó y que Have you file or with a stat ¿Ha presento	scriba abajo el supuesto acto de discrinuien usted piensa es el responsable por de a complaint of the alleged discriminate or federal court? ado usted (o la persona que fue discrimeral, estatal o local? ¿O ante la corte e	r el supuesto acto. ation with a federal, state or local ninada) la queja ante una agencia estatal o federal?
Por favor des que pasó y que Have you file or with a stat ¿Ha presento gobierno fed	scriba abajo el supuesto acto de discrinuien usted piensa es el responsable por de a complaint of the alleged discriminate or federal court?  Indo usted (o la persona que fue discriminate actual de la corte e eral, estatal o local? ¿O ante la corte e	r el supuesto acto. ation with a federal, state or local ninada) la queja ante una agencia estatal o federal?
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Have you file or with a state debierno fed YesSi  If yes, check Si es así, inditodos los que	scriba abajo el supuesto acto de discrimulen usted piensa es el responsable por de a complaint of the alleged discriminte or federal court?  Indo usted (o la persona que fue discrimeral, estatal o local? ¿O ante la corte el No No	r el supuesto acto. ation with a federal, state or local ninada) la queja ante una agencia estatal o federal? —— ograma fue presentada la queja. I
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Have you file or with a state deberor fed Si es así, indicatodos los que Federal	scriba abajo el supuesto acto de discrinuien usted piensa es el responsable por de a complaint of the alleged discriminate or federal court?  Ido usted (o la persona que fue discrimeral, estatal o local? ¿O ante la corte el No No  All that apply: Ique a qué agencia, departamento o pre apliquen:  Federal Cou	r el supuesto acto.  ation with a federal, state or local  ninada) la queja ante una agencia  estatal o federal?  ograma fue presentada la queja. I

Please provide the name of the Agency where you filed your complaint.	
¿Ante qué agencia usted presentó la queja?	

Name:		
Nombre:		
C		
Contact Person:		
Nombre del inve	stigador o representante:	

Please sign below. You may attach any additional information you think is relevant to your complaint.

Por favor, firme el formulario. Adjunte cualquier información adicional usted cree que es pertinente con su queja.

Signature of Complainant Date
Firma del reclamante Fecha

Submit your signed complaint and any attachments to: Entregue el formulario con su firma y páginas adicionales a:

Germaine English
Human Resources Director/ Title VI & ADA Officer
City of Lake Worth
7 North Dixie Highway
Lake Worth, FL 33460
Telephone: 561-586-1632

Fax: 561-586-1750

Email: genglish@lakeworth.org

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