# Appendices

## Appendix A: Notice of Non-Discrimination Template

If information is needed in another language, contact [insert name], [insert phone number] or [insert email].

[Insert organization name] operates its programs without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. [Insert organization name] also prohibits discrimination against individuals with disabilities in accordance with the Americans with Disabilities Act of 1990. Persons who believe they have been subjected to discrimination or have been denied access to services or accommodations required by law, have the right to file a complaint. For more information on the [insert organization name]’s civil rights program, and the obligations and procedures to file a complaint, contact [insert phone number]; email [insert email address]; or visit its administrative office at [insert address]. For more information, visit [insert organization website address].

## Appendix B: Complaint Procedures Template

If information is needed in another language, contact [insert name], [insert phone number] or [insert email].

1. Applicability. The following complaint procedures apply to all persons who believe that they have been subject to discrimination by [insert organization name] related to its [insert name of SANDAG-funded transportation service or program], which is funded in whole or in part by SANDAG.
2. Preliminary Review Process. The following process must be completed prior to filing a Formal Complaint with SANDAG.

Informal Resolution - Prior to submitting a formal complaint, the complaining party must contact [insert title of position at Organization responsible for ADA, Title VI, or other discrimination complaints] for assistance in resolving the matter informally as soon as is practical, generally within 15 calendar days of the time from when the subject of the complaint occurred or the complaining party became aware of [insert organization name]’s alleged non-compliance with state or federal non-discrimination laws. Complaints must be filed within 180 days of an alleged incident.

The [insert title of position at Organization responsible for ADA, Title VI, or other discrimination complaints] can be reached at [insert address]; [insert phone number].

[insert organization name] will notify SANDAG of the complaint within 72 hours of receiving the complaint, and record the complaint and steps taken toward resolution. [insert organization name] is responsible for informing the complaining party about [insert organization name]’s complaint procedure, including the opportunity to file a formal complaint with SANDAG and/or the Federal Transit Administration (FTA) as described below.

Report of Results to SANDAG and Complaining Party – [insert organization name] will email or mail SANDAG and the complaining party the results of the informal resolution process within 30 calendar days of receiving the complaint. If the complaining party is not satisfied with [insert organization name]'s disposition of the matter, the complaining party may file a formal complaint with SANDAG following the procedure described below.

1. Formal Complaint. If the procedure for Preliminary Review and informal resolution by [insert organization name] does not yield a successful resolution, then the complaining party may file a formal, written complaint with SANDAG in the manner described below. SANDAG materials can be made available in alternative languages. To make a request, call (619) 699-1900. Los materiales de SANDAG están disponibles en otros idiomas. Para hacer una solicitud, llame al (619) 699-1900.

Formal complaints must be filed within 10 calendar days from the date the complaining party receives notice of the end of the preliminary review process.

* 1. Complaints must be in writing and must include an attached copy of any correspondence concerning the complaint with [Insert organization name].
	2. Complaints must be filed with the Compliance Officer at 401 B Street, Suite 800, San Diego, CA 92101; Fax number (619) 699-1995; TTY (619) 699-1904.
	3. Investigation – The Compliance Officer or their designee will initiate an investigation, which may include interviewing, consulting with, and/or requesting a written response to the issues raised in the complaint from any individual the Compliance Officer believes to have relevant information, [insert organization name] staff and members of the public. The Compliance Officer may also hold an informal hearing at their discretion.
	4. Representation - The complaining party, and any party against whom the complaint is directed, has the right to have a representative.
	5. Findings and Notification - The Compliance Officer will prepare and provide the complaining party, and all other parties involved, a final report containing a summary of the investigation, written findings, and a proposed disposition. This report will be provided to the complaining party and [insert organization name] within 45 calendar days of the filing of the formal complaint.
	6. Final Disposition - The disposition proposed by the Compliance Officer will be put into effect promptly. The complaining party or any party against whom the complaint or the proposed disposition is directed may appeal. The appeal to the Chief Executive Officer (as set forth below) will not suspend the implementation of the disposition proposed by the Compliance Officer, except in those circumstances where the SANDAG Chief Executive Officer decides that good cause exists making the suspension of implementation appropriate.
1. Appeal

Within 10 calendar days of the issuance of the final report, the complaining party may appeal to the SANDAG Chief Executive Officer.

A complaining party may appeal by filing a written request for review by the SANDAG Chief Executive Officer.

The written request for review must specify the particular substantive, and/or procedural basis for the appeal, and must be made on grounds other than general dissatisfaction with the proposed disposition. Furthermore, the appeal must be directed only to issues raised in the formal complaint as filed or to procedural errors in the conduct of the complaint procedure itself, and not to new issues.

The review by the Chief Executive Officer or their designee normally will be limited to the following considerations: Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear on the decision that substantially affected the decision to the detriment of the complaining party? Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the complaining party? Given proper facts, criteria, and procedure, was the decision one that a person in the position of the decision-maker might reasonably have made?

A copy of the Chief Executive Officer's written decision will be expected within 30 calendar days of the filing of the appeal and shall be sent to all parties involved and, if appropriate, to persons whose authority will be needed to carry out the disposition. The deadline may be extended by the Chief Executive Officer for good cause. The decision of the Chief Executive Officer or their designee on the appeal will be SANDAG’s final decision.

1. File with the FTA - Any person who believes themselves or any specific class of persons to be subjected to discrimination prohibited by ADA or Title VI may also file a written complaint with the FTA. A complaint should be filed no later than 180 days after the date of the alleged discrimination unless the time for filing is extended by FTA. Title VI and ADA complaints regarding federally funded programs at [insert organization name] can be sent to the following address:

Federal Transit Administration

Office of Civil Rights

Attention: Complaint Team

East Building, 5th Floor - TCR

1200 New Jersey Ave., SE

Washington, DC 20590

## Appendix C: Discrimination Complaint Form Template

If information is needed in another language, contact [insert name], [insert phone number] or [insert email].

Instructions: If you believe [insert organization name] has engaged in discrimination against one or more persons relating to its [insert name of SANDAG-funded transportation service or program], please fill out this form completely, in black ink or type-written form. Sign and return to the “Return To” address below. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request to SANDAG.

|  |  |
| --- | --- |
| Complainant: |  |
|  Address: |  |
|  City: |  | State: |  | ZIP Code: |  |
|  Telephone: |  Home: |  | Business: |  |

|  |  |
| --- | --- |
| Person Discriminated Against: (if other than the complainant) |  |
| Address: |  |
| City: |  | State: |  | ZIP Code: |  |
| Telephone: | Home: |  | Business: |  |

|  |  |  |
| --- | --- | --- |
| When did the discrimination occur? | Date: |  |

I believe the discrimination I experienced or was made aware of was based on (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Race | [ ] Color | [ ] National Origin | [ ] Disability | [ ] Other |

Describe the alleged acts of discrimination providing the name(s) where possible of the responsible individuals (use space on the next page or attach additional pages if necessary). If you marked “Other” above, include the category upon which you believe the discrimination was based (medical condition, sex, veteran status, etc.):

|  |
| --- |
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|  |
| --- |
| Has a complaint been filed with the Department of Justice or any other Federal, State, or local civil rights agency or court? |
| Yes: |  | No: |  |  |
| If Yes: |
| Agency or Court: |  |
| Contact Person: |  |
| Address: |  |
| City: |  | State: |  | ZIP Code: |  |
| Telephone: |  |
| Date Filed: |  |
|  |
| Additional space for answers: |
|  |
|  |
|  |
|  |
| Signature: |  |
| Date: |  |  |

Return to:

Compliance Officer – Office of Diversity and Equity

SANDAG

401 B Street, Suite 800

San Diego, CA 92101

Phone: (619) 699-1900; Fax: (619) 699-1995; TTY: (619) 699-1904

OfficeofDiversityandEquity@sandag.org

## Appendix D: Template for Transit Related ADA and Title VI Investigations, Complaints, and Lawsuits

**Record and Report of Discrimination Investigations, Complaints and Lawsuits Related to [insert name of organization’s SANDAG-funded program(s)]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Filed** | **Summary of Allegations** | **Status** | **Actions Taken/Final Findings** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Appendix F: Public Participation Plan Questionnaire

Use this questionnaire to help develop your organization’s Public Participation Plan (PPP) or update your current PPP to ensure further inclusiveness within your organizations’ public participation activities.

**Meetings and Events to Which the Public Is Invited**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| 1. Does your organization schedule public meetings and events at different times to accommodate varying work schedules?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization schedule public meetings/events at different locations so that they are accessible to clients who may live in different areas of the program service area?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization hold meetings to get public input using different sizes or formats?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization provide materials in languages other than English?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization provide interpretation services or employ bilingual staff at public meetings/events, and include notice of the availability of such in meeting/event announcements?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization hold meetings at locations that are accessible by public transportation?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization hold meetings at locations that are accessible for people with disabilities (ADA compliant)?
 | [ ]  | [ ]  | [ ]  |

Provide a description of how meetings/events to which the public is invited are advertised as well as efforts to ensure that different members of the public including minority, LEP populations, and individuals with disabilities have access to the meeting and are encouraged to attend.

|  |
| --- |
|  |

Program Marketing and Outreach

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| 1. Does your organization perform outreach activities on a regular basis (at least quarterly)?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization perform outreach activities in a number of different areas or communities within your service area?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization market its programs/services through a variety of mediums in order to reach a greater population?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization provide translated outreach materials in appropriate languages given the communities served?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization coordinate with community and faith-based organizations, educational institutions, and other organizations to implement public engagement strategies that reach out specifically to members of minority and/or LEP communities?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization employ bilingual staff?
 | [ ]  | [ ]  | [ ]  |

Describe your organization’s outreach program including activity locations and frequencies, program marketing publications, and coordination efforts with partnering agencies.

|  |
| --- |
|  |

Program Monitoring

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | N/A |
| 1. Does your organization administer customer satisfaction surveys or feedback forms to solicit input from project beneficiaries?
 | [ ]  | [ ]  | [ ]  |
| 1. Does your organization administer any other type(s) of surveys?
 | [ ]  | [ ]  | [ ]  |

Describe how your organization monitors programs and services provided including surveys, customer interviews, rating systems, or other methods that may apply.

|  |
| --- |
|  |

## Appendix G: Representation of People of Color on Planning and Advisory Bodies

☐ My organization does not have a transit-related, non-elected board, advisory council or committee, or similar committee for which my organization selects the membership

OR

☐ My organization has a transit-related, non-elected board, advisory council or committee, or similar committee for which my organization selects the membership.

 [Insert Board, Advisory Council, or Committee Name] Racial Breakdown

|  |  |  |
| --- | --- | --- |
| **Race** | **Count** | **Percentage** |
| American Indian/Alaska Native |  |  |
| Asian/Pacific Islander |  |  |
| Black/African American |  |  |
| Hispanic/Latino |  |  |
| White |  |  |
| Some Other Race |  |  |
| Two or More Races |  |  |
| Declined to State |  |  |
| Total |  | 100% |

 Additional details of members who are “Some Other Race” or “Two or More Races” if applicable:

|  |
| --- |
|  |

Description of efforts made to encourage participation of people of color on my organization’s planning and advisory committees:

|  |
| --- |
|  |

## Appendix H: Title VI Program Resolution Template

Resolution No. XX

RESOLUTION OF THE [Organization Governing Body] APPROVING THE [Name of Organization]’S TITLE VI PROGRAM AND POLICIES

WHEREAS, pursuant to Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq. (the Act) and 49 CFR Part 21, the U.S. Department of Transportation and the Federal Transit Administration (FTA) prohibit discrimination on the basis of race, color or national origin; and

WHEREAS, as a subrecipient of federal funds, [Name of Organization] is required to comply with the requirements of the Act and applicable implementing regulations; and

WHEREAS, pursuant to FTA Circular 4702.1B, [Name of Organization] is required to submit its Title VI Program to its governing entity for approval; and

WHEREAS, the [Organization Governing Body] has considered and determined to approve the organization’s Title VI Program,” including a Language Assistance Plan and Public Participation Plan;

NOW, THEREFORE, BE IT RESOLVED:

That the [Organization Governing Body] hereby approves the organization’s Title VI Program and policies as set forth in the entitled “Title VI Program.”

|  |  |  |  |
| --- | --- | --- | --- |
| Dated: |  |  |  |
|  |  |  | Presiding Officer |
|  | Attest: |  |  |
|  |  |  |  |
|  | Recording Secretary |  |  |