

Okaloosa County EMERALD COAST RIDER

Title VI Policy Statement

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI of the Civil Rights Act of 1964, as amended, “protects any person in the United States on the ground of race, color, or national origin from being excluded from participation, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Transportation” (42 U.S.C. Section 2000d).

Okaloosa County Board of County Commissioners (BCC) assures the Federal Transit Administration and the Florida Department of Transportation that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987, Florida Civil Rights Act of 1992, as well as other applicable Federal Statutes, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken Okaloosa County’s public transit system.

This plan was developed to guide the BCC in its administration and management of Title VI related activities.

Title VI Coordinator Contact Information:

Okaloosa County Board of County Commissioners
Emerald Coast Rider
Booker Tyrone Parker, Transit Division Manager
600 Transit Way
Fort Walton Beach, FL 32547

Okaloosa County EMERALD COAST RIDER

Title VI Complaint Procedures

How to file a Title VI Complaint

The complaint shall be submitted in writing and contain the identity of the complainant; basis for the allegations (i.e., race, color, or national origin); and a description of the alleged discrimination with the date of occurrence. If the complaint cannot be submitted in writing, the complainant will contact the Title VI Office for assistance.

The complete complaint should include the following information:

- Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.).
- How, when, where and why you believe you were discriminated against.
- Include the location, names and contact information of any witnesses.
- Other information that you deem significant

The Title VI Complaint Form may be used to submit the complaint information. The complaint may be filed in writing at the following address:

Okaloosa County Board of County Commissioners

Emerald Coast Rider

Attn: Title VI Officer

600 Transit Way

Fort Walton Beach, FL 32547

Tparker@myokaloosa.com

NOTE: It is encouraged that all complainants certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible. A Spanish complaint form has also been developed. Follow up coordination for LEP individuals will be verbal correspondence with a volunteer interpreter.

What happens to the complaint after it is submitted?

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

How will the complainant be notified of the outcome of the complaint?

The Transit Coordinator/Grants Manager will send an acknowledgement letter. A final written response letter to the complainant will be provided notifying complainant that the complaint has been substantiated or not substantiated. If the complaint is not substantiated the letter advises the complainant his or her right to, 1) appeal within seven calendar days of receipt of the final written decision, and/or 2) file a complaint externally with the U.S. Department of Transportation. Every effort will be made to respond to Title VI complaints within 60 working days of receipt of such complaints, if not sooner.

Title VI Complaint Form

Emerald Coast Rider has a Complaint Form developed in compliance with FTA Circular 4702.1B, "Title VI Requirements and Guidelines for Federal Transit Administration Recipients". The complaint form is available on our website and at the Emerald Coast Rider Office located at 600 Transit Way, Fort Walton Beach, FL 32547.

Okaloosa County Board of County Commissioners

Title VI / Nondiscrimination Program

Complaint of Discrimination

Complainant(s) Name:		Complainant(s) Address:		
Complainant(s) Phone Number:				
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):				
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:				
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):				
Discrimination Because Of:	<input type="radio"/> Race	<input type="radio"/> Color	<input type="radio"/> National Origin	Date of Alleged Discrimination:
	<input type="radio"/> Sex	<input type="radio"/> Age	<input type="radio"/> Handicap/Disability	
	<input type="radio"/> Income Status	<input type="radio"/> Retaliation	<input type="radio"/> Other	
Please list the name(s) and phone number(s) of any person, if known, that the Okaloosa Board of County Commissioners could contact for additional information to support or clarify your allegation(s).				
Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.				
Complainant(s) or Complainant(s) Representatives Signature:			Date of Signature:	

Mail or Fax Completed Form to:

Okaloosa County Transit
Attn: Title VI Officer
600 Transit Way
Fort Walton Beach, FL 32547

850-833-9173 ph
850-833-9168 fax

Title VI / Programa Antidiscriminatorio

Querella de Discriminacion

Nombre del querellante:			Dirección:	
Número de teléfono:				
Nombre, dirección, teléfono y relación (ej. amigo, abogado, pariente, etc.) del Representante del querellante:				
Nombre y dirección de la Agencia, Institución, o Departamento que usted alega discrimino en su contra:				
Nombre(s) del Individuo(s) Quien(es) Usted Alega Discrimino (naron) Contra Usted Si lo(s) Conoce:				
Razón de la discriminación:	<input type="radio"/> Raza	<input type="radio"/> Color	<input type="radio"/> Origen Nacional	Fecha de la alegada discriminación:
	<input type="radio"/> Sexo	<input type="radio"/> Edad	<input type="radio"/> Incapacidad/Impedimento Físico	
	<input type="radio"/> Status de Ingreso	<input type="radio"/> Represalia	<input type="radio"/> Otro	
Favor de indicar el nombre (s) y número(s) de teléfono(s) de alguna persona(s) que La Junta de Comisionados del Condado de Okaloosa puede comunicarse para información adicional que clarifique o respalde su alegación o alegaciones.				
Favor de explicar tan claro como sea posible, como, porque, cuando y donde usted cree que fue discriminado. Incluya suficiente información acerca de los antecedentes según le sea posible, de los alegados actos de discrimen. Puede añadir paginas adicionales, si es necesario.				
Firma del Querellante(s) o su Representante:				Fecha:

Favor de mandar por correo electrónico o fax a:

Okaloosa County Transit
 Attn: Title VI Officer
 600 Transit Way
 Fort Walton Beach,
 FL 32547

850-833-9173 ph
 850-833-9168 fax