Your Rights Under Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 provides that “no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance”.

The City of Stamford is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity, on the basis of race, color, national origin, sex, age, disability or income level.

The City of Stamford, as a recipient of federal financial assistance, will ensure full compliance with Title VI of the Civil Rights Act of 1964, as amended, and related statutes and regulations in all City of Stamford programs and activities.

The City of Stamford provides, without regard to race, color, national origin, sex, age, disability or income level:

1. transit services and benefits that are available and equitably distributed;
2. a level and quality of transit services that are sufficient to provide equal access and mobility for all persons;
3. opportunities to participate in the transit planning and decision making processes; and,
4. fair decisions on the location of transit services and facilities.

These objectives are the basis for the City of Stamford's Title VI Program.

Any person who believes that he or she has been subjected to discrimination or retaliation based on their race, color, national origin, sex, age, disability or income level may file a Title VI complaint. To request additional information on City of Stamford's non-discrimination obligations or to file a Title VI complaint, please submit your request in writing to:

Director of Human Resources
City of Stamford
888 Washington Boulevard
Stamford, CT 06901 (203) 977-4070

Written complaints must be signed by the complainant or a representative and should include the complainant's name, address, and contact information. Describe how, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses. Also include any other information you deem significant. Complaints must be filed within one hundred eighty (180) days of the date of the alleged discriminatory act.

Complaint forms are available online at www.cityofstamford.org.

Complaints may also be filed directly to:

Federal Transit Administration Office of Civil Rights
55 Broadway, Suite 920
Cambridge, MA 02142-1093

Sus derechos en virtud del Título VI del Acta de Derechos Civiles de 1964

Título VI de la Ley de Derechos Civiles de 1964 estipula que "ninguna persona en los Estados Unidos, por motivos de raza, color u origen nacional, sea excluido de participar, sea negado los beneficios de, o ser sujeto a discriminación bajo cualquier programa o actividad que reciba asistencia financiera federal".

La ciudad de Stamford está comprometida a asegurar que ninguna persona sea excluida de participar, negada los beneficios, o de otra manera sujeto a discriminación bajo cualquier programa o actividad, sobre la base de raza, color, origen nacional, sexo, edad, discapacidad o nivel de ingresos.

La ciudad de Stamford, como beneficiario de una ayuda financiera federal, garantizará el pleno cumplimiento del Título VI del Acta de Derechos Civiles de 1964, según enmendada, y de los estatutos y reglamentos en todos los programas de la ciudad de Stamford y actividades.

La ciudad de Stamford ofrece, sin distinción de raza, color, origen nacional, sexo, edad, discapacidad o nivel de ingresos:

1. servicios de tránsito y los beneficios que están disponibles y se distribuye de manera equitativa;
2. un nivel y calidad de los servicios de tránsito que sean suficientes para proporcionar la igualdad de acceso y movilidad para todas las personas;
3. oportunidades de participar en la planificación de tránsito y la toma de decisiones, y,
4. decisiones justas sobre la ubicación de los servicios de transporte e instalaciones.

Estos objetivos son la base para el Programa del título VI de la Ciudad de Stamford.

Cualquier persona que cree que él o ella ha sido objeto de discriminación o represalia en base a su raza, color, origen nacional, sexo, edad, discapacidad o nivel de ingresos puede presentar una queja del Título VI. Para solicitar información adicional sobre las obligaciones de la Ciudad de Stamford no discriminación o para presentar una queja del Título VI, por favor envíe su solicitud por escrito a:

Director of Human Resources
City of Stamford
888 Washington Boulevard
Stamford, CT 06901 (203) 977-4070

Las quejas por escrito debe ser firmado por el denunciante o su representante y deberá incluir el nombre del autor, dirección, e información de contacto. Describir cómo, cuándo, dónde y por qué usted cree que fue discriminado. Incluir la ubicación, nombres e información de contacto de cualquier testigo. También incluya cualquier otra información que consideren importante. Las quejas deben presentarse dentro de los ciento ochenta (180) días siguientes a la fecha del supuesto acto discriminatorio. Los formularios de quejas de la ciudad de Stamford está disponibles en la Red a www.cityofstamford.org.

Las quejas también pueden presentarse directamente a:
Administración Federal de Tránsito Oficina de Derechos Civiles
55 Broadway, Suite 920
Cambridge, MA 02142-1093

How to File a Complaint to the City of Stamford

A person with a Title VI complaint or to request additional information on the City of Stamford's non-discrimination obligations should submit a request in writing to the Director of Human Resources or use the following procedures:

1. A complaint may be submitted in writing and must be signed by the complainant or a representative and should include the complainant's name, address, and contact information. Describe how, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses. Also include any other information you deem significant. Complaints may be sent via mail or hand delivered within one-hundred and eighty (180) days of the date of the alleged discriminatory act and shall be addressed to the Director of Human Resources, City of Stamford, 888 Washington Boulevard, Stamford, CT 06901.

2. A complaint may be taken verbally and must include the person's name and contact information, the date of the incident, and the identity of the person, department or service that caused the complaint. In cases where the complainant is unable or incapable of providing a written statement, the Director of Human Resources will, if necessary, assist the person in converting verbal complaints to writing and will interview the complainant. The complainant or his/her representative will sign all complaints.

3. Provision will be made for persons with limited English proficiency. Contact the Director of Human Resources for information.

City of Stamford Complaint Procedure

1. The person filing a complaint on the basis of discrimination based on race, color, gender, religion, national origin or disability will be informed that the complaint may be either filed directly with the FTA or the City of Stamford. It shall be the responsibility of the City of Stamford Director of Human Resources, or his designee, to track, investigate and document Title VI complaints.

2. If the person opts to file the complaint with the City of Stamford, the complaint will be directed by the Director of Human Resources to the appropriate department manager for a fact-finding review. The manager will prepare a written response to the complaint and submit it to the Director of Human Resources.

3. If the Director of Human Resources determines that the fact-finding review substantiated the complaint, Director of Human Resources will order corrective action be taken.

4. The person who filed the complaint will be consulted as to the adequacy of the proposed remedy. If acceptable, the matter is concluded.

5. If the proposed remedy is not acceptable, the person who filed the complaint may appeal and request a hearing for purposes of stating their complaint and identifying an appropriate remedy.

6. The Director of Human Resources will issue a response and recommend a remedy within ten days of the hearing.

7. If acceptable, the matter is concluded. If not, the person is again advised of the appropriate steps to appeal the complaint with the FTA.

8. The Director of Human Resources shall maintain the files and records of the City of Stamford relating to the complaints filed verbal and written for a period of three years.

Requests for this document in alternate format or assistance in preparing a complaint may be directed to Director of Human Resources at ehibson@ci.stamford.ct.us, or by phone at 203-977-5397.

CONFIDENTIAL

City of Stamford
COMPLAINT FORM

All written complaints about any matter relating to civil rights shall be submitted on this form. The City of Stamford will assist those who submit verbal complaints to transfer these complaints onto this written form. You are required to complete all sections. Before completing this form, please ensure that you have read the City of Stamford's Procedures for Tracking and Investigating Civil Rights Complaints. You should expect an acknowledgement within 10 working days and will be informed of the outcome of your complaint within 90 days, unless the City of Stamford notifies you that the investigation will need additional time.

This form should be sent to the City of Stamford Director of Human Resources.

Please keep a copy of this form for your records, plus any material you submit.

SECTION A - YOUR DETAILS

Title ..... Name(s).....

Address

.....

City .....State..... Zip .....

Telephone Number .....

SECTION B – NATURE OF THE COMPLAINT

Please set out below the main points of your complaint.

Use additional sheets if necessary.

PLEASE LIST ANY DOCUMENTARY EVIDENCE ATTACHED AND MAKE SURE YOU KEEP A COPY.
(E.g., any correspondence, list of dates when events occurred, or other documentation related to your complaint)

SECTION C - AN OUTLINE OF THE ACTION YOU HAVE TAKEN SO FAR

Please outline the steps you have already taken to resolve your complaint **informally:**

With whom was it discussed? .....

Date .....

Position .....

Department(s) .....

Describe the outcome of any action taken so far and explain why you believe that the matter has not yet been resolved.

SECTION D - DESIRED OUTCOME

Please describe the action you would like to see taken in order to resolve the complaint to your satisfaction.

SECTION E – DECLARATION

I believe that the above information is accurate. I confirm that details of this complaint can be passed on to the ??? for appeal (if applicable).

Signature: .....

Name .....

Contact Information .....

Date: .....

FOR OFFICE USE ONLY:

Acknowledgement sent .....

Reply sent .....

Complaint forwarded to department .....

Response received .....

What action (if any) is now needed?

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