

Municipality of Caguas
Human Resources Office

Title VI Plan

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DE PUERTO RICO

TITLE VI PUBLIC NOTICE OF RIGHTS / COMPLAINT PROCESS
MUNICIPALITY OF CAGUAS, PUERTO RICO (MAC)

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. 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 MAC may be utilized for resolution. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited under Title VI and related statutes may file a complaint.

The following measures will be taken to resolve Title VI complaints:

- 1) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address and telephone number; name of alleged discriminating official, basis of complaint (race, color, national origin, sex, disability, age), and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.

The MAC strongly encourages the use of the attached **MAC Title VI Complaint Form** when filing official complaints.

The preferred method is to file your complaint in writing using the **MAC Title VI Complaint Form**, and sending it to:

Lucille Cordero Ponce
Human Resources Director
PO Box 907
Caguas, Puerto Rico 00726-0907

- 2) In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the MAC Human Resources Director. Under these circumstances, the complainant will be interviewed, and the MAC, Human Resources Director or his/her authorized designee will assist the Complainant in converting the verbal allegations to writing.
- 3) When a complaint is received, the Human Resource Director will provide written acknowledgment to the Complainant, within ten (10) days by registered mail.
- 4) If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.
- 5) Within 15 business days from receipt of a complete complaint, the MAC will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Human Resources Director or his/her authorized designee will notify the Complainant and Respondent, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the complaint is to be investigated, the notification shall state the grounds of the MAC's Jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
- 6) When the MAC does not have sufficient jurisdiction, the Human Resources Director or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.

- 7) If the complaint has investigative merit, the Human Resources Director or his/her authorized designee will fully investigate the complaint. A complete investigation will be conducted, and an investigative report will be submitted to the Human Resources Director within 60 days from receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations and conciliatory measures where appropriate. If the investigation is delayed for any reason, the Human Resources Director will notify the appropriate authorities, and an extension will be requested.
- 8) The Human Resources Director or his/her authorized designee will issue letters of finding to the Complainant and Respondent within 90 days from receipt of the complaint.
- 9) If the Complainant is dissatisfied with the MAC's resolution of the complaint, he/she has the right to file a complaint with the:

Federal Transit Administration
Region 4
Attn: Civil Rights Officer
230 Peachstreet, NW
Suite 800
Atlanta, GA 30303-1512
Phone: 404-865-5600 ext. 5628
Fax 404-865-5635

FTA Complaint procedures can also be found on the FTA web site at: www.fta.dot.gov. These procedures are also outlined in FTA Circular 4702.1A, Chapter IX.

APPENDIX D (Continued)

TITLE VI PUBLIC NOTICE OF RIGHTS / COMPLAINT PROCESS
MUNICIPALITY OF CAGUAS, PUERTO RICO (MAC)



Title VI

Complaint Form

FTA - Tittle VI

Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Municipality of Caguas (MAC) Human Resources Department, please fill out the form below and send it to: MAC, Attn: Human Resources Department, PO Box 907, Caguas, Puerto Rico, 00726-0907. For questions or a full copy of MAC's Title VI policy and complaint procedures call 787-653-8833 ext. 2100-2101 or email lcordero@caguas.gov.pr.

1. Name (Complainant):	
2. Phone:	3. Home address (street no., city, state, zip):
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination because of: <input type="checkbox"/> Race/Color <input type="checkbox"/> National origin	

Title VI Complaint Form, Cont.

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Phone number:

Title VI Complaint Form, Cont.

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

☐ Yes

☐ No

If yes, check all that apply:

☐ Federal agency

☐ Federal court

☐ State court

☐ Local agency

☐ State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court:

Contact's Name:

Address:

Phone number:

Signature (Complainant):

Date of filing: