***Make the Ride Happen***

***Title VI Plan***

Draft: 4/1/2019

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| Adopted on: | 5/31/2014 |
| Adopted by: | Lutheran Social Services of Wisconsin and Upper Michigan |
| Revised on: | 5/9/2019 |

*This policy is hereby adopted and signed by*:

**Make the Ride Happen**

|  |  |
| --- | --- |
| Executive Name/Title: | Maisi Schrauth/Regional Director |
| Executive Signature: |  |

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**Policy Statement**

The **Make the Ride Happen** as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Wisconsin Department of Transportation (WisDOT) will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the U.S. Department of Transportation implementing regulations.

**Title VI Plan Elements**

**Make the Ride Happen’s** Title VI plan includes the following elements:

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| 1. Evidence of Policy Approval 2. Notice to the Public 3. Complaint Procedure 4. Complaint Form 5. List of transit related Title VI Investigations, Complaints and Lawsuits 6. Public Participation Plan 7. Language Assistance Plan 8. Minority Representation Table and Description   *Note: Additional materials will be attached, if required.* |

**Make the Ride Happen** will review its policy at least once a year to determine if modifications are necessary. As applicable, **Make the Ride Happen** will meet with its t lessee’s on an annual basis to ensure compliance with Title VI plan requirements.

**Policy Updates – Activity Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity**  **(Review/Update/Addendum/ Adoption/Distribution)** | **Person Responsible** | **Remarks** |
| 05/9/2019 | Develop and Adopt a Title VI Plan | Holly Keenan | Updated plan from 2014 |
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# Title VI Notice to the Public

**Make the Ride Happen**’s Notice to the Public is as follows:

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| Notifying the Public of Rights Under Title VI  **MAKE THE RIDE HAPPEN**  **Make the Ride Happen** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **Make the Ride Happen**.  For more information on the **Make the Ride Happen’s** civil rights program, and the procedures to file a complaint, contact 920-225-1740, (TTY 800-XXX-XXX); email MRH@lsswis,org ; or visit our administrative office at 3003 N Richmond Street. For more information, visit www.lsswis.org.  A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.  If information is needed in another language, contact XXX-XXX-XXXX.  *Si se necesita informacion en otro idioma de contacto, XXX-XXX-XXXX.*  Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau XXX-XXX-XXXX |

**Make the Ride Happen’s** Notice to the Public is posted in the following locations:

Agency website www.LSSWIS.org

Public areas of the agency office (common area, public meeting rooms, etc.)

Inside vehicles

**Complaint Procedure**

**Make the Ride Happen’s** Title VI Complaint Procedure is made available in the following locations:

Agency website, either as a reference in the Notice to Public or in its entirety

Hard copy in the central office

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by **Make the Ride Happen** may file a Title VI complaint by completing and submitting the agency’s Complaint Form.

**Make the Ride Happen** investigates complaints received no more than 180 days after the alleged incident. Make the Ride Happen will process complaints that are complete.

Once the complaint is received, Make the Ride Happenwill review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

**Make the Ride Happen** has 30 days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

* A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
* A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 15 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 920-225-1740.

**Procedimiento de queja title VI**

Any persona que cree que él o ella ha sido discriminado en base a raza, color o nacionalidad de origen por **Make the Ride Happen** puede presentar una queja de título VI rellenando y enviando el formulario de denuncia de la Agencia título VI. **Make the Ride Happen** investiga denuncias recibidas a más tardar 180 días después del supuesto incidente. **Make the Ride Happen** procesará las quejas que están completas.

Once que se recibe la denuncia, **Make the Ride Happen** revisaremos para determinar si nuestra oficina tiene jurisdicción. El querellante recibirán una carta de reconocimiento le informa si la queja será investigada por nuestra compañía.

**Make the Ride Happen** tiene 30 días para investigar la denuncia. Si necesita más información para resolver el caso, la empresa puede comunicarse con el demandante.

El querellante tiene 15 días hábiles desde la fecha de la carta para enviar la información solicitada al investigador asignado al caso.

Si el investigador no es contactado por el querellante o no recibir la información adicional dentro de 15 días hábiles, la empresa administrativamente puede cerrar el caso. Un caso puede ser cerrado administrativamente también si el demandante ya no desea seguir su caso.

Después de que el investigador comentarios sobre la queja, él/ella emitirá una de 2 dos cartas al demandante: una carta de cierre o una carta de encontrar (LOF).

* Una cierre carta resume las acusaciones y afirma que no hubo una violación del título VI y que se cerrará el caso.
* Una carta de encontrar (LOF) resume las denuncias y las entrevistas sobre el presunto incidente y explica si cualquier acción disciplinaria, entrenamiento adicional de la funcionaria, u otra acción ocurrirá.

If que el demandante desea apelar la decisión, él/ella tiene 30 días después de la fecha de la carta o el LOF para hacerlo.

A persona también puede presentar una queja directamente ante la Administración Federal de tránsito, en FTA oficina de derechos civiles, 1200 New Jersey Avenue SE, Washington, DC 20590.

Se necesita if información en otro idioma, comuníquese con **Make the Ride Happen**: 920-225-1740, Fax: 920-734-2824 para organizar servicios de interpretación.

**Title VI kev foob**

Yog tus neeg uas ntseeg hais tias nws los yog nws twb raug lim hiam vim yog haiv neeg twg, xim, los yog, keeb kwm teb chaws los **Make the Ride Happen** tej zaum yuav foob Title VI los ntawm sau ntawv thiab xa tawm lub koom haum Title VI tsis txaus siab daim ntawv. **Make the Ride Happen** investigates cov lus tsis txaus siab tau txhaj tsis pub dhau 180 hnub tom qab cov ntaub xwm. **Make the Ride Happen** yuav txheej txheem lus tsis txaus siab uas yuav tiav tau.

Thaum tau txais daim ntawv tsis txaus siab, **Make the Ride Happen** yuav muab los saib seb puas yog peb qhov chaw loj muaj ib cheeb tsam. Tus tsis txaus siab yuav tau txais ib tsab ntawv DES tseem her/him seb qhov kev tsis txaus siab yuav tsum tshawb xyuas los ntawm peb lub tuam txhab.

**Make the Ride Happen** muaj 30 hnub mus tshuaj xyuas qhov kev tsis txaus siab. Yog xav paub ntxiv ntxiv los daws qhov teeb meem no, lub tuam txhab yuav hu tau rau tus tsis txaus siab.

Tus tsis txaus siab muaj 15 hnub ua hauj lwm ntawm hnub ntawm tsab ntawv xa cov ntaub ntawv thov kom tus neeg taug lw rau rooj plaub.

Yog hais tias tus neeg taug lw tsis tau hu los ntawm tus tsis txaus siab los yog tsis txais cov lus qhia ntxiv nyob rau hauv 15 hnub ua hauj lwm, lub tuam txhab yuav nov kaw qhov rooj. Ib rooj plaub yuav tsum nov kaw kuj yog tus tsis txaus siab tsis xav mus caum lawv cov ntaub ntawv.

Tom qab cov neeg rov los xyuas qhov kev tsis txaus siab, nws yuav them ib ob (2) ntawv rau qhov kev tsis txaus siab: ib daim ntawv tuaj kaw los yog ib tsab ntawv ntawm kev nrhiav (LOF).

* A kaw ntawv summarizes tus liam thiab lub xeev uas muaj heev tsis muaj kev yuam cai Title VI thiab uas yuav raug kaw qhov rooj.
* A tsab ntawv ntawm kev nrhiav (LOF) summarizes tus liam thiab cov kev sib tham txog qhov xwm ncig, thiab piav txog seb kev qhuab, ntxiv kev kawm ntawm rau cov neeg ua hauj lwm, los yog lwm yam ntawv yuav tshwm sim.

Yog tus tsis txaus siab kom rov hais dua qhov kev txiav txim xav, nws muaj 30 hnub tom qab hnub ntawm tsab ntawv los sis cov LOF ua tau li ntawd.

A neeg kuj thov tau ib tsab ntawv foob ncaj qha mus rau hauv tsoom fwv teb chaws Transit Administration, nyob FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If cov lus qhia uas yuav tsum tau ua lwm hom lus, hu rau **Make the Ride Happen**: 920-225-1740, Fax: 920-225-1740 npaj txhais tau cov kev pab cuam.

**Complaint Form**

**Make the Ride Happen’s** Complaint Procedure is made available in the following locations: (*check all that apply*)

Agency website, either as a reference in the Notice to Public or in its entirety

Hard copy in the central office

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone (Home):** | | | | **Telephone (Work):** | | | | | | | |
| Electronic Mail Address: | | | | | | | | | | | |
| Accessible Format Requirements? | Large Print | |  | | | **Audio Tape** | | | | |  |
| TDD | |  | | | **Other** | | | | |  |
| **Section II:** | | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | Yes\* | | No | | |
| \*If you answered "yes" to this question, go to Section III. | | | | | | | | | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | | | |  | | | | |
| Please explain why you have filed for a third party: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | | | | | Yes | | | No | |
| **Section III:** | | | | | | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  [ ] Race [ ] Color [ ] National Origin  Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Section IV** | | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | | | Yes | No | | | |
| **Section V** | | | | | | | | | | | |
| 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 Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Title:** | | | | | | | | | | | |
| **Agency:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | |
| **Section VI** | | | | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | | | | |
| Contact person: | | | | | | | | | | | |
| Title: | | | | | | | | | | | |
| Telephone number: | | | | | | | | | | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

Holly Keenan

Mobility Manager

3003 N Richmond Street

Appleton, WI 54911

**Título VI denuncia forma**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sección I:** | | | | | | | | | | | |
| **Nombre:** | | | | | | | | | | | |
| Dirección**:** | | | | | | | | | | | |
| Teléfono (Hogar)**:** | | | | Teléfono **(trabajo):** | | | | | | | |
| Dirección de correo electronic: | | | | | | | | | | | |
| ¿ accessible requisitos de formato? | Impresión de gran tamaño | |  | | | Cinta de audio | | | | |  |
| TDD | |  | | | Otros | | | | |  |
| **Sección II:** | | | | | | | | | | | |
| ¿ are presentar esta queja en su nombre? | | | | | | | Si\* | | No | | |
| \* If respondió "Sí" a esta pregunta, ir a la sección III. | | | | | | | | | | | |
| Si no, por favor suministrar el nombre y la relación de la persona a quien usted se queja: | | | | | | |  | | | | |
| Por favor explique por qué ha presentado por un tercero: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Por favor confirme que ha obtenido el permiso de la parte agraviada si radicara en nombre de un tercero. | | | | | | | Si | | | No | |
| **Sección III:** | | | | | | | | | | | |
| Creo que he experimentado la discriminación se basaba en (marque todas las que apliquen):  [ ] Raza [ ] Color [ ] Origen nacional  Fecha de la supuesta discriminación (mes, día, año): \_\_\_\_\_\_\_\_\_\_  Explicar lo más claramente posible lo que pasó y por qué usted cree que fueron discriminados. Describir a todas las personas que estuvieron involucradas. Incluir el nombre e información de contacto de la persona que discriminó (si lo conoce) así como nombres e información de contacto de testigos. Si se necesita más espacio, utilice el dorso de este formulario.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Sección IV** | | | | | | | | | | | |
| ¿Anteriormente ha presentado una queja del título VI con esta agencia? | | | | | | | Si | No | | | |
| **Sección V** | | | | | | | | | | | |
| ¿Ha presentado esta queja con cualquier otro Federal, estatal o agencia local, o con cualquier Tribunal Federal o estatal? [ ] Si [ ] No  En caso afirmativo, marque todas las que aplican:  [ ] Agencia Federal para el:  [ ] Tribunal Federal [ ] La Agencia Estatal de  [ ] Tribunal del estado [ ] Agencia local | | | | | | | | | | | |
| Sírvanse proporcionar información sobre una persona de contacto en la Agencia/corte donde se presentó la queja. | | | | | | | | | | | |
| **Nombre:** | | | | | | | | | | | |
| Título**:** | | | | | | | | | | | |
| Agencia**:** | | | | | | | | | | | |
| Dirección**:** | | | | | | | | | | | |
| Teléfono**:** | | | | | | | | | | | |
| **Sección VI** | | | | | | | | | | | |
| Nombre de empresa o agencia denuncia es contra: | | | | | | | | | | | |
| Persona de contacto: | | | | | | | | | | | |
| Titulo: | | | | | | | | | | | |
| Número de teléfono: | | | | | | | | | | | |

Usted puede conectar cualquier material escrito u otra información que crees que es pertinente a su queja.

Firma y fecha especificadas a continuación

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Fecha

Por favor, envíe este formulario en persona en la siguiente dirección, o envíe por correo este formulario a:

Holly Keenan

Mobility Manager

3003 N Richmond Street

Appleton, WI 54911

# Title VI Complaint Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Seem I:** | | | | | | | | | | | |
| **Lub npe:** | | | | | | | | | | | |
| **Chaw nyob:** | | | | | | | | | | | |
| Xov tooj (hauv tsev)**:** | | | | Xov tooj (hauj lwm)**:** | | | | | | | |
| Tsab ntawv chaw nyob: | | | | | | | | | | | |
| Populations hom ntawv? | Loj | |  | | | Lub kaw suab | | | | |  |
| TDD | |  | | | Lwm yam | | | | |  |
| **Seem II:** | | | | | | | | | | | |
| Yog koj ua daim ntawv no tsis txaus siab rau koj tus kheej? | | | | | | | Yog \* | | Tsis yog | | |
| \* Yog koj teb tias "yog" rau lo lus nug no, koj mus rau Seem III. | | | | | | | | | | | |
| Yog tias tsis yog, thov muab lub npe thiab kev sib raug zoo ntawm tus neeg uas koj muaj complaining: | | | | | | |  | | | | |
| Thov qhia seb yog vim li cas koj tau ua ntawv rau ib daim ntawv thib: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Thov koj tshawb kom paub tseeb tias tau nej qhov kev tso cai ntawm aggrieved lub tog yog tias koj ua rau muaj lwm tus neeg. | | | | | | | Yog | | | Tsis yog | |
| **Seem III:** | | | | | | | | | | | |
| Kuv ntseeg tias txoj kev ntxub ntxaug kuv hnov tau zoo raws li (kos txhua qhov uas siv tau):  [ ] Haiv neeg [ ] Xim [ ] Neeg txawv tebchaws  Hnub kev cais ntaub (hli, hnub, xyoos): \_\_\_\_\_\_\_\_\_\_  Piav kom meej npaum li meej tau dab tsi tshwm sim thiab yog vim li cas koj ntseeg tias koj raug lim hiam. Piav tag nrho cov neeg uas tau muab kev koom tes. Xws li lub npe thiab hu rau cov lus qhia txog qhov (cov) neeg uas lim hiam koj (yog paub) as well as cov npe thiab hu qhia rau cov tibneeg ua povthawj. Yog xav tau chaw sau ntau ntxiv no, thov siv sab nraum daim ntawv no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Seem IV** | | | | | | | | | | | |
| Muaj koj yav tsab cai Title VI tsis txaus siab nrog lub koom haum no? | | | | | | | Yog | Tsis yog | | | |
| **Seem V** | | | | | | | | | | | |
| Koj tau ua ntawv tsis txaus siab nrog rau tej teb chaw, xeev, los yog chaw khiav hauj lwm, los yog tej teb chaws los yog xeev lub tsev hais plaub? [ ] Yog [ ] Tsis yog  Yog tias muaj, kos txhua yam:  [ ] Tsoom fwv teb chaws qhov chaw ua hauj lwm:  [ ] Tseem fwv lub tsev hais plaub [ ] Xeev lub koom haum  [ ] Lub xeev cov tsev hais plaub [ ] Koom haum hauv zos | | | | | | | | | | | |
| Thov muab cov ntaub ntawv hais txog ib tug neeg tiv tauj rau lub chaw ua hauj lwm/tsev hais plaub qhov twg cov ntawv tsis txaus siab tau tsab. | | | | | | | | | | | |
| Lub npe**:** | | | | | | | | | | | |
| Npe**:** | | | | | | | | | | | |
| Lub koom haum**:** | | | | | | | | | | | |
| Chaw nyob**:** | | | | | | | | | | | |
| Xov tooj**:** | | | | | | | | | | | |
| **Seem VI** | | | | | | | | | | | |
| Tuam txhab lossis cov koom haum tsis txaus siab lub npe no tiv thaiv tsis tau: | | | | | | | | | | | |
| Hu rau tus neeg: | | | | | | | | | | | |
| Npe: | | | | | | | | | | | |
| Xov tooj: | | | | | | | | | | | |

Koj yuav tau xa tej ntaub ntawv uas sau ntawv los yog lwm yam ntaub ntawv uas koj xav hais tias yam koj tsis txaus siab.

Xee npe thiab hnub tim uas yuav tsum tau ua hauv qab

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kos npe Hnub tim

Thov xa daim ntawv no nyob rau ntawm qhov chaw nyob hauv qab no, los yog xa daim ntawv no mus:

Holly Keenan

Mobility Manager

3003 N Richmond Street

Appleton, WI 54911

**List of Transit Related Civil Rights Investigations, Complaints and Lawsuits**

**Make the Ride Happen** maintains a list or log of all Civil Rights investigations, complaints and lawsuits, pertaining to its transit-related activities.

|  |  |
| --- | --- |
| **Check One:** | |
| **X** | There have been no investigations, complaint and/or lawsuits filed against us during the report period. |
|  | There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date**  (Month,  Day, Year) | **Summary**  (include basis of complaint: race, color, or national origin) | **Status** | **Action(s) Taken** |
| **Investigations** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Lawsuits** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Complaints** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |

**Public Participation Plan**

**Strategies and Desired Outcomes**

To promote inclusive public participation, **Make the Ride Happen** will employ the following strategies, as appropriate:

* Provide for early, frequent and continuous engagement by the public.
* Select accessible and varied meeting locations and times
* Employ different meeting sizes and formats
* Provide childcare and food during meetings, if possible.
* Use social media in addition to other resources as a way to gain public involvement
* Use radio, television or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations may also include audio programming available on podcasts.
* Expand traditional outreach methods by visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, local festivals, etc.

**Public Outreach Activities**

**Make the Ride Happen** maintains a log/record of the various types of outreach activities it uses to promote inclusive public participation. On an annual basis, **Make the Ride Happen** reviews its log of outreach activities to determine if additional or different strategies are needed to promote inclusive public participation.

The direct public outreach and involvement activities conducted by **Make the Ride Happen** are summarized in the table below. Efforts include *meetings, surveys, focus groups, attendance at community events, etc*.

Information collected on the size, location, meeting format, number of attendees, etc. as well as the scope of the distribution method (i.e. posters were placed in all shopping centers in the affected area) will be used for future planning efforts. Examples of additional supporting materials include copies of meeting announcements, agendas, posters, attendee list, etc.

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| **Event Date** | **City of USA** Staffer(s) | **Event** | **Date Publicized**  and  **Communication**  **Method**  (Public Notice, Posters, Social Media) | **Outreach Method**  (Meeting,  Focus Group,  Survey, etc). | **Notes** |
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**Language Assistance Plan**

**Plan Components**

As a recipient of federal US DOT funding, **Make the Ride Happen** is required to take reasonable steps to ensure meaningful access to our programs and activities by limited-English proficient (LEP) persons.

Limited English Proficient (LEP) refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

**Make the Ride Happen’s** Language Assistance Plan includes the following elements:

1. The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
2. A description of how language assistance services are provided by language
3. A description of how LEP persons are informed of the availability of language assistance service
4. A description of how the language assistance plan is monitored and updated
5. A description of how employees are trained to provide language assistance to LEP persons
6. Additional information deemed necessary

**Methodology**

To determine if an individual is entitled to language assistance and what specific services are appropriate, Make the Ride Happen has conducted a *Four Factor Analysis*[[1]](#footnote-1) of the following areas: 1) Demography, 2) Frequency, 3) Importance and 4) Resources and Costs.

LEP *Four Factor Analysis*

**Factor 1: Demography**: Identifies the number or proportion of LEP persons served and the languages spoken in the service area.

The first factor of the *Four Factor Analysis* is the basis of the Language Assistance Plan. It requires Make the Ride Happen to review its US Census data to determine if it meets the *LEP Safe Harbor Threshold*.

US Census and American Community Survey (ACS) Data[[2]](#footnote-2)

**Make the Ride Happen** did the following:

1. Inserted a copy of **Make the Ride Happen’s** county LEP data in the Title VI plan. This data was found at the WisDOT website <http://www.dot.wisconsin.gov/localgov/docs/title6-lep.pdf> or the US Census Bureau American Fact Finder website <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
2. Analyzed the LEP demographic data for **Make the Ride Happen’s** program and/or service area by calculating the *Safe Harbor Threshold* for two to three of the largest language groups identified other than English.
   1. The *Safe Harbor Threshold* is calculated by dividing the population estimate for a language group that “Speaks English less than very well” by the total population of the county.
      1. The *LEP Safe Harbor Threshold* provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less of the population to be served) Make the Ride Happen must provide translation of vital documents in written format for the non-English users.
      2. Examples of written translation of vital documents include the Title VI policy statement and/or Notice to the Public (Appendix 2), Title VI Complaint Procedure (Appendix 3), Title VI Complaint Form (Appendix 4), and ADA paratransit eligibility forms.
3. Explained the results of the analysis of the county LEP data in the demographic section of the *Four Factor Analysis.*

**Factor 2: Frequency**: Identifies the frequency staff (and transit provider/lessee, if applicable) comes into contact with LEP persons.

LEP persons are persons identified as speaking English less than very well, not well or not at all. Just because a person speaks a language other than English doesn’t mean they don’t speak English or are identified as LEP.

The summary below discusses the frequency with which **Make the Ride Happen** staff, and/or its contractor/lessee come into contact with LEP persons. It also provides information on the how staff is instructed to meet the needs of LEP persons. **Make the Ride Happen** staff persons are encouraged to use LEP resource materials to assist LEP persons.

**Factor 3: Importance**: Explains how the program, service or activity affects people’s lives.

The summary below discusses how **Make the Ride Happen’s** program and services impact the lives of persons within the community. **Make the Ride Happen** will specify the community organizations that serve LEP persons, if available.

**Factor 4: Resources and Costs**: Discusses funding and other resources available for LEP outreach.

The summary below discusses the low-cost methods **Make the Ride Happen** usesto provide outreach to LEP persons as well as train staff (and transit provider/lessee, if applicable) on Title VI and LEP principles.

*Additional Required Elements*

In addition to the *Four Factor Analysis (listed below as item #1)*, **Make the Ride Happen** addresses the following elements:

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| *Item #2:* | A description of how language assistance services are provided by language |
| Item #3: | A description of how LEP persons are informed of the availability of language assistance service |
| Item #4: | A description of how the language assistance plan is monitored and updated |
| Item #5: | A description of how employees are trained to provide language assistance to LEP persons  *And, any additional information deemed necessary.* |

**Summary of the Language Assistance Plan Components**

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| Item #1 – Results of the Four Factor Analysis *(including a description of the LEP population(s) served)* |

*Factor 1 –* ***Demography***

**Make the Ride Happen** provides transportation service for individuals in Winnebago, Calumet and Outagamie counties.

The US Census Bureau – American Fact Finder (2011-2015) reports there are numerous languages spoken in Winnebago, Calumet and Outagamie counties. Some of these languages include Spanish, Hmong, Chinese, Hindi, Urdu, Tagalog, Arabic, German and Serbo-Croatian.

The Safe Harbor Threshold is calculated by dividing the population estimate for a language group that “speaks English less then very well” by the total population of the county. The LEP Safe Harbor Threshold provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less), **Make the Ride Happen** must provide translation of vital documents in written format for non-English speaking persons.



In Winnebago County, with a population estimate of 159,400, 1,407 persons have identified themselves as Spanish speaking and “speaks English less than well”. In Outagamie County, with a population estimate 168,8332, 2,322 persons have identified themselves as Spanish speaking and “speaks English less than well” and 1,329 persons have identified themselves as Hmong speaking and “speaks Hmong less than well”. The Spanish and Hmong language groups are greater than the 1,000 persons threshold of the populations served in Winnebago County and Outagamie County. This means **Make the Ride Happen** is required to provide written translation of vital documents – Complaint Procedure and Complaint Form available in Spanish and Hmong. In Calument County, with a population estimate 46,560, 792 individuals have identified themselves as Spanish speaking and “speaks English less than well”. Even though this language group is below the Safe Harbor Threshold, **Make the Ride Happen** has its vital document available in Spanish.

All the other language groups listed above are below the Safe Harbor Threshold. This means, at this time, **Make the Ride Happen** is also not required to provide written translation of vital documents in these languages.

*Factor 2 –* ***Frequency***

**Make the Ride Happen** employees are trained on what to do when they encounter a person that speaks English less than well. **Make the Ride Happen** will track the number of encounters and consider making adjustments as needed to its outreach efforts to ensure meaningful access to all persons and specifically to LEP and minority populations of **Make the Ride Happen’s** programs and services.

**Log of LEP Encounters**

| **Date** | **Time** | **Language Spoken By Individual**  *(if available)* | **Name and Phone Number**  **of Individual**  *(if available)* | **Service Requested** | **Follow Up Required** | **Staff Member**  **Providing Assistance** | **Notes** |
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**Make the Ride Happen** provides rides to 5363 persons per year. While formal data has not been collected, Make the Ride Happen encountered (0) zero LEP persons using the service within the last six months.

**Make the Ride Happen** has an open-door policy and will provide rides to any person who requests a ride. If an individual has speech limitations, the dispatcher or driver will work with the Transit Manager and **Make the Ride Happen** to ensure the individual receives access to the transportation service.

The “I Speak” Language identification card listed below is a document that can be placed in our transit provider/lessee’s vehicles and used by **Make the Ride Happen** staff to assist LEP individuals. Additional languages can be added as needed to match the demographic changes of **Make the Ride Happen’s** service area.

**“*I Speak*” Language Identification Card**

|  |  |  |
| --- | --- | --- |
| **Mark this Box if you speak…** | **Language Identification Chart** | **Language** |
|  | I speak English | English |
|  | Yo hablo español | Spanish |
|  | Kug has lug Moob | Hmong |
|  | 我說中文 | Chinese |
|  | E nói tiếng Việt | Vietnamese |
|  | 나는한국어를 | Korean |
|  | Marunong akong mag-Tagalog | Tagalog |
|  | Ich spreche Deutsch | German |
|  | Я говорю по-русски | Russian |
|  | Ја говорим српски | Serbian |
|  | मैं हिंदी बोलते हैं | Hindi |
|  | میں نے اردو بولتے ہیں | Urdu |

Note: For additional languages visit the US Census Bureau website <http://www.lep.gov/ISpeakCards2004.pdf>

*Factor 3 –* ***Importance***

**Make the Ride Happen** understands an LEP person with language barrier challenges also faces difficulties obtaining health care, education, access to employment and nutrition meal sites, recreational services and socialization. A transportation system is a key link to connecting LEP persons to these essential services.

**Make the Ride Happen** has identified activities and services which would have serious consequences to individuals if language barriers prevented access to information or the benefits of those programs. The activities and services include providing emergency evacuation instructions in our facilities and vehicles and providing information to the public on security awareness or emergency preparedness.

**Make the Ride Happen’s** assessment of the programs, activities and services that are most critical include contact with community organization(s) that serve LEP persons, as well as contact with LEP persons themselves to obtain information on the importance of the modes or the types of services that are provided to the LEP populations.

*Factor 4* *–* ***Resources and Costs***

Even though **Make the Ride Happen** does not have a separate budget for LEP outreach, the city has worked with our transit provider/lessee to implement low cost methods of reaching LEP persons.

**Make the Ride Happen** uses a variety of low cost outreach methods such as visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions and local festivals. The cost is relatively low but the ability to reach the LEP population is high.

Training of **Make the Ride Happen** staff as to Title VI and LEP requirements is conducted internally. At this point, no additional training costs are incurred with the exception of printing/photocopying materials.

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| Item # 2 – Description of how Language Assistance Services are Provided, by Language |

***Make the Ride Happen*** *has a bilingual speaking person on staff. In addition,* ***Make the Ride Happen*** *has developed relationships with language teachers in area schools as well as local Hmong leaders to use a resource to assist in meeting the need of LEP persons, if needed.*

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| Item # 3 - | Description of how LEP Persons are Informed of the Availability of Language Assistance Service |

**Make the Ride Happen** does the following to inform LEP persons of the availability of language assistance services:

* Review outreach activities and the frequency of contact with LEP individuals to determine whether additional language assistance services are needed
* Utilize the bilingual speaking person on staff to assist with the development of bilingual outreach materials, including pictograms and other symbols
* Prioritize the hiring of bilingual staff, as needed
* Utilize Wisconsin Relay 7-1-1, the state of Wisconsin resource to assist with communication needs <http://www.wisconsinrelay.com/> and <http://www.wisconsinrelay.com/features>

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| Item # 4 – Description of how the Language Assistance Plan is Monitored and Updated |

**Make the Ride Happen** reviews its plan on an annual basis or more frequently as needed. In particular, **Make the Ride Happen** will evaluate the information collected on encounters with LEP persons as well as public outreach efforts to determine if adjustments should be made to the delivering of programs and services to ensure meaningful access to minority and LEP persons.

In addition, **Make the Ride Happen** reviews its plan on annual basis to ensure the Title VI requirements are met. The last review was on **05/09/2019.**

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| Item # 5 - | Description of how Employees are Trained to Provide Language Assistance to LEP Persons |

**Make the Ride Happen** employees are oriented on the principles of Title VI and **Make the Ride Happen’s** Language Assistance Plan. New employees will be provided guidance on the needs of clients served and how best to meet their needs. **Make the Ride Happen** will ensure its transit provider/lessee also educates its staff on Title VI requirements, and specifically LEP provisions.

If a driver or employee needs further assistance related to LEP individuals, her/she will work with **Make the Ride Happen’s** Manager to identify strategies to meet the language needs of the participants of the program or service.

**Minority Representation Information**

1. **Minority Representation Table[[3]](#footnote-3)**

*The table below depicts* ***Make the Ride Happen’s*** *non-elected committees/councils related to transit.*



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Body | Caucasian | Hispanic | African American | Asian American | Native American | Two or More Races |
| Winnebago County | 89.7% | 3.8% | 1.9% | 2.5% | .57% | 1.53% |
| Outagamie County |  |  |  |  |  |  |
| Calumet County |  |  |  |  |  |  |
| Make the Ride Happen Executive Board | % | 0% | 0% | 0% | 0% | 0% |

**B. Efforts to Encourage Minority Participation**

**Make the Ride Happen** understands diverse representation on committees, councils and boards results in sound policy reflective of its entire population. As such, **Make the Ride Happen** encourages participation of all its citizens.

As vacancies on boards, committees and councils become available, **Make the Ride Happen** will make efforts to encourage and promote diversity.

To encourage participation on its boards, committees and councils, **Make the Ride Happen** will continue to reach out to community, ethnic and faith-based organizations to connect with all populations. In addition, **Make the Ride Happen** will use create ways to make participating realistic and reasonable. Such as, scheduling meetings at times best suited to its members and providing transportation and child care, if needed for its members.

1. DOT LEP guidance <https://www.transportation.gov/civil-rights/civil-rights-awareness-enforcement/dots-lep-guidance> [↑](#footnote-ref-1)
2. The ACS publishes data in many forms on the Census Bureau American Fact Finder website <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml> [↑](#footnote-ref-2)
3. County data by race is available at the WisDOT website <http://www.dot.wisconsin.gov/localgov/transit/title6.htm> or the US Censure Bureau American Fact Finder website <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> [↑](#footnote-ref-3)