

It is the goal of the Title VI Policy and Non-Discrimination Plan to:

Ensure that federally funded transportation projects, plans, programs, processes, and services in the region do not disproportionately burden Environmental Justice (EJ) or other traditionally underserved populations as protected by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.

Title VI Policy Statement

The Lackawanna Luzerne Transportation Study Metropolitan Planning Organization is committed to a policy of non-discrimination in the conduct of its business, including its Title VI responsibilities for the delivery of equitable and accessible transportation planning programs and services.

It is the MPO's policy to utilize its best efforts to ensure that no person shall, on the grounds of race, color, or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under its programs and services.

It is the LLTS MPO's objective to:

- A. Ensure that the level and quality of transportation planning and related activities are conducted without regard to race, color, disability, gender, age, low income, national origin, language, or limited English proficiency;
- B. Identify and address, as appropriate, disproportionately high and adverse human health and environmental effects, including social and economic effects of the MPO's programs and activities on minority and low-income populations;
- C. Promote the full and fair participation of all affected populations in transportation decision-making;
- D. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations;
- E. Ensure meaningful access to programs and activities by persons with limited English proficiency.

The responsibility for carrying out LLTS MPO's commitment to this program is carried out by the Title VI Compliance Officers. The Title VI Compliance Officers are responsible for the day-to-day operations of the Title VI Program and will receive and investigate Title VI complaints.

Additional information concerning the LLTS MPO's Title VI Obligations and the full Complaint Procedure and Complaint Forms can be found on the LLTS MPO website during plan and program updates, in its Public Participation Plan (PPP), or by calling the MPO's Title VI Compliance Officers at (570) 963-6400 [Lackawanna County] or (570) 825-1564 [Luzerne County].

Appendix B: Title VI Complaint/Grievance Form (English and Spanish)

**LACKAWANNA LUZERNE TRANSPORTATION STUDY
METROPOLITAN PLANNING ORGANIZATION (LLTS MPO)
Non-Discrimination Complaint/Grievance Form**

It is LLTS MPO’s policy to utilize its best efforts to ensure that no person shall, on the grounds of race, color, disability, sex, age, low income, national origin or limited English proficiency, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its programs or services, as provided by civil rights statutes, executive orders, regulations, and policies applicable to the programs and activities it administers.

These procedures apply to all external complaints relating to any program or activity administered by LLTS MPO and/or its sub-recipients, consultants and contractors, filed under Title VI of the Civil Rights Act of 1964 as amended, (including Disadvantaged Business Enterprise and Equal Employment Opportunity components), as well as other related laws that prohibit discrimination.

The following information is necessary for processing your complaint. If you require assistance in completing this form, please contact the LLTS MPO Title VI Compliance Officer by calling (570) 963-6400 or (570) 825-1564. Please return the completed form to the LLTS MPO Title VI Compliance Officer at LLTS MPO, 123 Wyoming Avenue, Scranton, PA 18503 or LLTS MPO, Suite 208, Penn Place, 20 North Pennsylvania Avenue, Wilkes-Barre, PA 18711. Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name:	Name of Individual Assisting Complainant:
_____	_____
Complainant Address:	Assisting Individual Address:
_____	_____
_____	_____
_____	_____
Complainant Phone:	Assisting Individual Phone:
_____	_____
Complainant Alt. Phone:	Assisting Individual Alt. Phone:
_____	_____

Which of the following describes the reason(s) the alleged discrimination took place?

- Race Age Color Gender Language/LEP National Origin Retaliation Other

Date(s) of alleged discrimination:

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary).

Please provide the name(s), title and address (if known) of the person who discriminated against the Complainant.

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the incident(s):

Please list any other agency where the complaint has been filed:

I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.

Complainant's Signature

Print Name of the Complainant

Date

Assisting Individual's Signature

Print Name of Assisting Individual

Date

Date Received: _____

Received by: _____

**LACKAWANNA LUZERNE ESTUDIOA DE TRANSPORTE
ORGANIZACIÓN DE PLANIFICACIÓN METROPOLITANA
(LLTS MPO)**

Formulario de queja/reclamo contra la discriminación

LLTS MPO está comprometida asegurar que ninguna persona sea excluida de participar en sus servicios o negada los beneficios de sus servicios sobre la base de raza, color, discapacidad, edad, bajos ingresos financieros, origen nacional, o su habilidad limitada de hablar ingles. Ninguna person debe ser excluida de participar de sus servicios según lo dispuesto por los estatutos de derechos civiles, órdenes ejecutivas, regulaciones y políticas aplicables a los programas y actividades que administra.

Estos procedimientos se aplican a todas las quejas externas relacionadas con cualquier programa o actividad administrada por LLTS MPO y / o sus subreceptores, consultores y contratistas, presentada bajo el Título VI de la Ley de Derechos Civiles de 1964 según enmendada, (incluyendo Empresas en Desventaja e Igualdad componentes de Oportunidad de Empleo), así como otras leyes conexas que prohíben la discriminación.

La siguiente información es necesaria para el procesamiento de su queja. Si necesita ayuda para completar este formulario, por favor póngase en contacto con LLTS MPO Titulo VI Oficial de Cumplimeinto at number telefonico (570) 963-6400 or (570) 825-1564. Por favor devuelva el formulario complete al Oficial de Cumplimiento de LLTS MPO Titulo VI at LLTS MPO, 123 Wyoming Avenue, Scranton, PA 18503 or LLTS MPO, Suite 208, Penn Place, 20 North Pennsylvania Avenue, Wilkes-Barre, PA 18711. Quejas del Título VI deben ser presentadas dentro de 180 días calendario a partir de la fecha de la supuesta discriminación.

Nombre del Demandante:

Dirección del Demandante:

Número de Teléfono del Demandante:

Número de Teléfono Alternativo del Demandante:

Nombre de la Persona Ayudando el Demandante:

Dirección del Ayudante:

Número de Teléfono del Ayudante:

Número de Teléfono Alternativo del Ayudante:

Cuál de los siguientes opciones describe la causa de la supuesta discriminación? (Márque con un círculo)

Raza Edad Color Sexo Idioma Nacionalidad Represalias Otro

Fecha(s) de Incidente:

Por favor describa el supuesto incidente de discriminación. Proporcione los nombres y títulos de los empleados de LLTS involucrados si se conocen. Explique lo que pasó y quién fue responsable (por favor utilice hojas adicionales como sea necesario).

Por favor, indique el nombre (s), y el título y dirección (si se conoce) de la persona que discrimina en contra de la demandante.

Por favor, indique el nombre (s), título y dirección (si se conoce) de la persona(s) que puedan tener conocimiento del supuesto incidente(s) o sean percibidos como partes de la queja del incidente(s):

Por favor escriba cualquier otra agencia donde una denuncia haya sido presentada:

Afirmo que he leído los cargos anteriores y que es fiel a lo mejor de mi conocimiento, la información y la creencia.

Firma del Demandante Nombre del Demandante (en letras legibles) Fecha

Firma del Ayudante Nombre del Ayudante (en letras legibles) Fecha

Fecha de Recepción: _____ Recibido por: _____