

Appendix A  
Notice to Beneficiaries

## **Empower**

### **Antidiscrimination**

#### **Title VI Notice and Complaint Procedure**

Empower operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964, which provides: “No person in the United States shall, on the grounds 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.”

Empower is committed to ensuring that no person is excluded from participating in or denied the benefits of its public services on the basis of race, color, or national origin.

If you believe you have been subjected to discrimination under Title VI or related non-discrimination laws, you may file a complaint with Empower. For more information on Empower’s Title VI Compliance Program, and the procedures to file a complaint, contact or visit:

Petrina C. Sciandra  
Human Resources Manager  
Empower  
9812 Lockport Road  
Niagara Falls, NY 14304  
716-297-0798 ext. 175  
716-205-0010 Fax  
[psciandra@empower-wny.org](mailto:psciandra@empower-wny.org)

You 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, FTA Office of Civil Rights, East Building, Fifth Floor- TCR, 1200 New Jersey Ave., S.E. Washington, D.C., 20590.

This notice will be posted on bulletin boards in various divisions of Empower and will be posted on Empower’s website, [www.empower-wny.org](http://www.empower-wny.org)

## Appendix B

### Title VI Complaint Procedure

## **Empower**

### **Title VI Complaint Procedure**

Any person who believes that he or she has been excluded from participating in, denied the benefits of, or subjected to discrimination under Title VI of the Civil Rights Act of 1964, relating to any program and/or activity administered by Empower based on race, color, or national origin with regard to any federally-financed transportation project may file an official Title VI complaint with the Human Resources Manager or designee.

Petrina C. Sciandra  
Human Resources Manager  
Empower  
9812 Lockport Road  
Niagara Falls, NY 14304  
716-297-0798 ext. 175  
716-205-0010 Fax  
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### **Complaint Process**

A formal complaint must be filed within **180 calendar days** of the alleged occurrence or when the alleged discrimination became known to the complainant. To be accepted for investigation, the allegation must involve a covered basis such as race, color, or national origin, and it must involve an Empower transit-related program or activity that receives federal financial assistance.

Complainant must present a detailed description of the issues, including names and job titles of individuals perceived as parties to the action complained against, the date, time-of-day, and location of the alleged incident of discrimination, and contact information of any witnesses to the alleged incident.

The complainant should complete this process by documenting the above details on Empower's complaint form. The complaint form must be signed, and then mailed or returned to the Human Resources Department, 9812 Lockport Road, Niagara Falls, NY 14304.

## **Investigative Process**

The Human Resources Department will notify the complainant, in writing, within ten (10) days of receipt of the complaint. The Human Resources Manager will review each complaint, and when necessary, begin the investigative process. All complaints will be investigated promptly. The investigation should be completed within thirty (30) days. In the event that the Human Resources Manager is also an individual perceived as a party to the action complained against, Empower will appoint a neutral third-party to perform the investigation.

At a minimum, the investigation should include the following: notifying the department head; providing the respondent with an opportunity to answer, in writing, the allegations of discrimination; developing an investigative plan; conducting interviews; collecting and analyzing evidence; and preparing an investigative report. The Human Resources Manager or third-party investigator will undertake reasonable measures to maintain confidentiality.

Upon completion of the investigation, if a Title VI violation is found to exist, remedial steps as appropriate and necessary will be taken immediately. The complainant will also receive a final investigative report. The investigation process and final report should take no longer than ninety (90) days.

## **Appeal Process**

If no violation is found and the complainant wishes to appeal the decision, he or she may contact the Federal Transit Administration Office of Civil Rights at: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5<sup>th</sup> Floor- TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590, or file a complaint online through the FTA's website [www.fta.dot.gov/civilrights/title6/civil\\_rights\\_5104.html](http://www.fta.dot.gov/civilrights/title6/civil_rights_5104.html).

## **External Filing Process**

A complainant may file a complaint directly within 180 days of the date of the alleged discrimination with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, attention: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5<sup>th</sup> Floor- TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590 or visit their website [www.fta.dot.gov/civilrights/title6/civil\\_rights\\_5104.html](http://www.fta.dot.gov/civilrights/title6/civil_rights_5104.html).

Appendix C

Title VI Complaint Form

**Empower**

**Complaint of Discrimination Form**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Basis of Complaint: (Please check one)**

Race \_\_\_\_  
Age \_\_\_\_  
Sex \_\_\_\_  
National Origin \_\_\_\_  
Color \_\_\_\_  
Disability \_\_\_\_

**Did the alleged discrimination involve a transit-related program, benefit, activity, or service receiving federal assistance?**

Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_

**Who allegedly discriminated against you?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you believe an organization discriminated against you, what is its name?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of contact: \_\_\_\_\_

**How do you believe you were discriminated against?**

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**Where did the alleged discrimination occur?**

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**Dates and times discrimination occurred?**

First Time: \_\_\_\_\_

Second Time: \_\_\_\_\_

Third Time: \_\_\_\_\_

**Were there any other witnesses to the discrimination?**

If yes, list name, title, telephone and email address if known

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**What can Empower do to resolve the complaint?**

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**Have you filed your complaint with anyone else?**

Who? \_\_\_\_\_

When? \_\_\_\_\_

Complaint number, if known \_\_\_\_\_

**Do you have an attorney in this matter?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

When did you retain the attorney? \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or hand deliver to: Human Resources Department, Empower, 9812 Lockport Road, Niagara Falls, NY 14304.**



Appendix D

Title VI Summary Report and Complaint Log

## Appendix E

### Limited English Proficiency (LEP) Plan

## **Empower**

### **Limited English Proficiency (LEP) Plan**

As a sub recipient of Federal Transit Administration funding, Empower takes reasonable steps to ensure meaningful access to benefits, services, information, and other important portions of their programs and activities for individuals who are limited English proficient (LEP). Empower uses information obtained in the Four Factor Analysis outlined in Federal Transit Administration (FTA) Circular 4702.1B, dated October 1, 2012, to determine the specific language services that are appropriate to provide.

- (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.
  
- (2) The frequency with which LEP persons come in contact with the program.

LEP persons come into contact with Empower's transportation programs as drivers, passengers, riders of public transportation, pedestrians, and users of non-motorized transportation. They also may come into contact with Empower's transportation programs as participants in public meetings.

- (3) The nature and importance of the programs, activity, or service provided by the program to people's lives.

Empower acknowledges the importance of transportation to the lives of all persons in the community. To ensure that its transportation infrastructure is accessible to members of the public with limited English proficiency, Empower complies with the National Manual of Uniform Traffic Control Devices for Streets and Highways and the New York State Supplement to the Manual on Uniform Traffic Control Devices for Streets and Highways. Among these standards are the avoidance of text signs whenever possible in favor of symbol-type signs to limit the need for bilingual signing. See NYS Supplement to the 2009 MUTCD, Part 1, Chap. 1A, Section 1A.03.

- (4) The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.

Empower staff will provide oral translation services, upon request, for all vital documents, as defined by FTA Circular 4702.1B, dated October 1, 2012. In addition, LEP individuals can use Google Translate to translate information posted on Empower's website.

#### Summary

To ensure that this population has equal access to its transportation services, Empower will provide oral translation services, upon request, for all vital documents, as defined by FTA Circular 4702.1B, dated October 1, 2012. Empower will also avoid, whenever possible, the use of text signs in favor of symbol-type signage.