

## **Notifying the Public of Rights Under Title VI**

### **Miami Lighthouse for the Blind and Visually Impaired, Inc. Community Transit**

- Miami Lighthouse for the Blind and Visually Impaired, Inc. 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 Miami Lighthouse Transportation at 305-856-2288.
- Miami Lighthouse for the Blind and Visually Impaired Inc. is committed to providing quality transportation services that are safe and accessible. Our specialized transportation services are for adults, adolescents and babies who find it difficult or impossible to arrange for transportation to and from the Miami Lighthouse for the Blind for vision rehabilitation services. Without this service, many clients would not be able to participate in services and on-going training. There is No other facility in the area that provides this level of service.
- Miami Lighthouse for the Blind and Visually Impaired, Inc. will provide transportation and program information in Creole and Braille upon request.
- For more information on Miami Lighthouse for the Blind and Visually Impaired, Inc. Transportation civil rights program, and the procedures to file a complaint in English or Spanish, contact 305.856.2288, (TTY 711); email [CHernandez@miamilighthouse.org](mailto:CHernandez@miamilighthouse.org); or visit our administrative office at 601 SW 8<sup>th</sup> Ave, Miami, FL 33130.

## **Complaint Procedure**

Any person who believes he or she has been discriminated against on the basis of race, color or national origin by Miami Lighthouse for the Blind and Visually Impaired, Inc. may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form (refer to Appendix E). Miami Lighthouse for the Blind and Visually Impaired, Inc. investigates complaints received no more than 180 days after the alleged incident. Miami Lighthouse for the Blind and Visually Impaired, Inc. will process complaints that are complete.

Once the complaint is received, Miami Lighthouse for the Blind and Visually Impaired, Inc. will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing him/her whether the complaint will be investigated by our office.

Miami Lighthouse for the Blind and Visually Impaired, Inc. has ninety (90) days to investigate the complaint. If more information is needed to resolve the case, Miami Lighthouse for the Blind and Visually Impaired, Inc. may contact the complainant. The complainant has ten (10) 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 ten (10) business days, Miami Lighthouse for the Blind and Visually Impaired, Inc. can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two 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 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 seven (7) days to do so from the time he/she receives the closure letter or the LOF.

The complaint procedure will be made available to the public on Miami Lighthouse for the Blind and Visually Impaired, Inc. website ([www.miamilighthouse.org](http://www.miamilighthouse.org))

# Complaint Form

## Miami Lighthouse Transportation

### Title VI Complaint Form

<b>Title VI Complaint Form</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone (Home):</b>		<b>Telephone (Work):</b>	
Electronic Mail Address:			
Accessible Requirements?	Format	Large Print	<b>Audio Tape</b>
		TDD	<b>Other</b>
<b>Section II:</b>			
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
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age			
<input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____			
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. _____ _____			
<b>Section IV</b>			
Have you previously filed a Title VI complaint with this agency?		Yes	No

<b>Section V</b>	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VI</b>	
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:

Miami Lighthouse for the Blind and Visually Impaired, Inc.

601 SW 8th Ave

Miami, FL 33130

305-856-2288