Mesilla Valley MPO Title VI Compliance

Introduction

As a recipient of federal assistance, under Title VI of the Civil Rights Act of 1964, the Mesilla Valley MPO must ensure that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under agency programs or activities. All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements. The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs.

This policy is intended to establish a procedure under which complaints alleging discrimination in the Mesilla Valley MPO's provision of services or activities can be made by persons who are not employees of the Mesilla Valley MPO. Any person who believes the Mesilla Valley MPO, or any entity who receives federal financial assistance from or through the Mesilla Valley MPO (i.e. sub-recipients, sub-contractors, or sub-grantees), has subjected them or any specific class of individuals to unlawful discrimination may file a complaint of discrimination. The Mesilla Valley MPO will follow timelines set forth by the New Mexico Department of Transportation, the Federal Highway Administration, Federal Transit Administration, and the Department of Justice for processing Title VI discrimination complaints.

When to File

A complaint of discrimination must be filed within 180 calendar days of the alleged act of discrimination, or discovery thereof; or where there has been a continuing course of

Mesilla Valley Metropolitan Planning Organization

conduct, the date on which that conduct was discontinued. Filing means written а complaint must be postmarked before the expiration of the 180-day period. The filing date is the day you complete, sign, and mail the complaint form. The complaint form and consent/release form must be dated and signed for acceptance. Complaints received more than 180 days after the alleged discrimination will not be processed and will be returned with a letter explaining why the complaint could not be processed and alternative agencies to which a report may be made.

Where to File

In order to be processed, signed original complaint forms must be mailed to:

Mesilla Valley Metropolitan Planning Organization MPO Officer P.O. Box 20000 Las Cruces, NM 88004

Upon request, reasonable accommodations will be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may also be filed by a representative on behalf of a complainant. If complainant has no means of obtaining a complaint form, a complaint form will be mailed to them.

Persons who are not satisfied with the findings of the Mesilla Valley MPO may seek remedy from other applicable state or federal agencies.

Required Elements of a Complaint

In order to be processed, a complaint must be in writing and contain the following information:

Name, address, and phone number of complainant

- Name(s), address(es), and organization of person(s) who allegedly discriminated
- Date of alleged discriminatory act(s)
- Basis of complaint
- A signed statement of complaint
- A signed consent release form

Complaint Process Overview

- When a complaint is received by Mesilla Valley MPO, the form will be checked for completeness and then if complete be logged into a database.
- The Mesilla Valley MPO Officer will complete an initial review of the complaint to determine if the complaint meets basic criteria.

Criteria required for a complete complaint:

- Basis of alleged discrimination (race, religion, color, national origin, sex, age, or disability)
- Determination that the complaint was filed within the 180 day time period
- Determination that the Mesilla Valley MPO is the appropriate contact for filing the complaint
- 3. Within 10 working days of the receipt of the complaint, the Mesilla Valley MPO will send notice to the complainant confirming receipt of the complaint; if needed notice sent requesting be additional information, notify complainant that the activity was not related to MVMPO programs or activities, or does not meet the appropriate deadline. Also, if the Mesilla Valley MPO is directly named in the complaint, notice will be sent within 10 working days to the New Mexico Department of Transportation investigation.
- 4. Investigation of complaint: the MPO Officer will confer with the City of Las

Cruces Community Development Director Mexico Department and New Transportation to determine the most appropriate fact finding process to ensure that all available information is collected in an effort to reach the most informed conclusion and resolution of complaint. The type of investigation techniques used may vary depending on the nature and circumstances of the alleged discrimination. An investigation may include but is not limited to:

- Internal meetings of Mesilla Valley MPO staff and legal council
- Consultation with state and federal agencies
- Interviews of complainant(s)
- Review of documentation (i.e. planning, public involvement, and technical program activities)
- Interviews and review of documentation with other agencies involved
- Review of technical analysis method (if applicable)
- · Review of demographic data
- Determination of investigation: an investigation must be completed within 60 days of receiving the complete complaint, unless facts and circumstances warrant otherwise. The determination will be made based on the information obtained.
- 6. Notification of determination: within 10 working days of the completion of the investigation, the complainant must be notified in writing by the Mesilla Valley MPO Officer of the final decision. The notification will advise complainant of his/her appeal rights with state and federal agencies if he/she is dissatisfied with the final decision. The letter and a report of the findings will be submitted to the New Mexico Department of Transportation.

METROPOLITAN PLANNING ORGANIZATION



SERVING LAS CRUCES, DOÑA ANA COUNTY, AND MESILLA

P.O. BOX 20000 | LAS CRUCES NM | 88004 PHONE (575) 528-3222 | FAX (575) 528-3155 http://mvmpo.las-cruces.org

MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT FORM

The Mesilla Valley Metropolitan Planning Organization (MVMPO) serves as the federally designated Metropolitan Planning Organization (MPO) for the Las Cruces Urbanized Area. As a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statues, the MVMPO will ensure that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in agency programs or activities. These prohibitions extend from participation in, being denied the benefits of, or otherwise being subjected to discrimination under any agency programs or activities. These prohibitions extend from the MVMPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g. contractors, consultants, local governments, colleges, universities, etc.) All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements.

MVMPO is required to implement measures to ensure that persons with limited-English proficiency or disability have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166. Upon request, assistance will be provided if you are limited-English proficient or disabled. Complaints may be filed using an alternative format if you are unable to complete the written form.

The filing date is the day you complete, sign, and mail this complaint form. Your complaint must be filed no later than 180 calendar days from the most recent date of the alleged act of discrimination. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for information. Failure to do so will result in the closure of complaint.

Submit the forms by mail to:
Mesilla Valley Metropolitan Planning Organization
C/O MPO Officer
P.O. 20000
Las Cruces, NM 88004

If you have any questions or need additional information, please call (575) 528-3043 or e-mail mpo@las-cruces.org.

Please review the information on this page carefully before filling out the complaint form.



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MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT FORM

Please review the information on the cover page carefully before you begin.

First Name, Middle Initial, Last Name	
Street Address	
City	
State	Zip Code
Telephone Number	Email Address
Who do you believe discriminated against you?	
First Name, Middle Initial, Last Name, Position in Organization	
Name of Business/Organization	
Street Address	
City	
State	Zip Code

When did the alleged act(s) of discrimination occur? Please all dates in mm/dd/yyyy format.		
Date(s)		
Is the alleged discrimination on-going?	☐ Yes (Sí)	\square No
Where did the alleged act(s) of disc		
Name of Location		
Indicate the basis of your grievance	e of discriminat	ion.
☐ Race:		□ Color:
☐ National Origin:		□ Sex:
☐ Age:		☐ Disability:
☐ Religion:		
Please explain how other persons or groups vyou.	were treated differer	ntly by the person(s)/agency who discriminated against
Please list and describe all documents, email	s, or other records a	and materials pertaining to your complaint.
Please list and identify any witness(es) to the pertaining to your complaint.	e incidents or persor	ns who have personal knowledge of information
		nt or related acts of discrimination? If so, please identify you made the report, and the resolution. Please provide

Please provide any additional information about the alleged discrimination.		
If an advisor will be assisting you	in the complaint process, please provide his/her contact info	
First Name, Middle Initial, Last Name		
Street Address		
- C'		
City		
State	Zip Code	
Talambana Namban	Funcil Address	
This complaint form must be sign	Email Address ed and dated in order to address your allegations.	
<u>-</u>	your consent to disclose your name, if needed, in the course	
•	ination Complaint Consent/Release form is attached. If you	
	ation on behalf of another person, our office will also need	
this person's consent.		
I contict that to the best of my linearly desides	information There was ideal is account and the account and significant	
	ne information I have provided is accurate and the events and circumstances tand that if I will be assisted by an advisor, my signature below authorizes the	
named individual to receive copies of relev investigation.	ant correspondence regarding the complaint and to accompany me during the	
m. congunon.		
Signature (Firma)	Date (Fecha)	



Signature (Firma)

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MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT CONSENT/RELEASE FORM

Please review the information on this page carefully before you begin. First Name, Middle Initial, Last Name Street Address City Zip Code State As a complainant, I understand that in the course of an investigation it may become necessary for the Mesilla Valley Metropolitan Planning Organization to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the Mesilla Valley Metropolitan Planning Organization to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation from having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Federal Highway Administration (FHWY) of the U.S. Department of Transportation. Please check one: ☐ I CONSENT and authorize the Mesilla Valley Metropolitan Planning Organization (MVMOP), as part of its own investigation, to reveal my identity to persons at the organization, business, or institution, which has been identified by me in my formal complaint of discrimination. I also authorize MVMPO to discuss, receive, and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily. ☐ I DENY CONSENT to the MVMPO to reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have MVMPO disclose my information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing MVMPO to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny my consent may impede this investigation and may result in the unsuccessful resolution of my case.

Date (Fecha)