



Title VI Plan

January 2018-2021

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Title VI Plan January 2018-2021

Adopted on: _____

Adopted by: Integral Care Board of Trustees

Signature(s): _____

Hal Katz, Board Chairman

David Evans, Chief Executive Officer

Section 1: Title VI Plan Approval and Revision Log

Title VI Plan Revision Log

Date Month/day/year	Section Revised	Summary of Revisions

Section 2: Description of Organization and Service Provided

Integral Care serves as a local authority and service provider for services in Travis County, Texas. Services include Early Childhood Intervention, Intellectual and Developmental Disability, and Behavioral Health Services (including but not limited to Counseling Services, Suicide Prevention, Medical Services, Crisis Services, Drug and Alcohol Treatment).

Integral Care has committed to assisting individuals with their transportation needs by offering local transportation options that include accessibility to fixed route services, transportation vouchers for local transport, and door to door transport when appropriate. Transportation assistance is coordinated at an agency and case manager level across Travis County.

Transportation Staff Includes:

- Fleet Manager
- Fleet Technician

Integral Care does not currently use any of its fleet vehicles for revenue producing transportation.

Section 3: Title VI Policy Statement

Policy Statement

Integral Care as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Texas Department of Transportation (TxDOT), will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the U.S. Department of Transportation implementing regulations, FTA Circular 4702.1B, and TxDOT PTN requirements as specified in Master Grant Agreement, and State Management Plan.

Section 4: Title VI Notice to the Public

Integral Care's Notice to the Public is posted in the following locations: *(check all boxes for Required)*

Required:

- Agency website
- Public areas of the agency's office
- Reception desk
- Meeting rooms
- Notice at stations or stops and or inside transit vehicles

Optional:

- Rider Guides/Schedules
 - Other _____
-

Notifying the Public of Rights Under Title VI Integral Care

- ✓ Integral Care 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 Integral Care.
- ✓ For more information on Integral Care's Ombudsman's Office, to obtain the procedures to file a complaint, or for information on how to file a complaint contact our Ombudsman at 512-440-4086, feedback@integralcare.org, or contact the HHSC Civil Rights Office at 1-800-735-2982.
- ✓ A complaint may also be filed directly with the:
Texas Department of Transportation, Attn: TxDOT-PTN, 125 E. 11th Street, Austin, TX 78701-2483, or
Federal Transit Administration, 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 our Ombudsman at 512-440-4086, or feedback@integralcare.org

Si necesita información en otro idioma contacte 512-440-4086
feedback@integralcare.org

Section 5: Title VI Complaint Procedure

Integral Care's Title VI Complaint Procedure is made available in the following locations: *(check box for Required)*

Required:

- Agency website: www.integralcare.org/feedback

Optional:

- Public office
- Reception areas
- Meeting rooms
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold

***See Attachment A for Spanish version**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by Integral Care may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. Complaint forms can be found at: www.integralcare.org/feedback

Integral Care investigates complaints received no more than 180 days after the alleged incident. Integral Care will process complaints that are complete.

Once the complaint is received, Integral Care will review it to determine if it has jurisdiction. (A copy of each Title VI complaint received will be forwarded to TxDOT Public Transportation Coordinator within ten (10) calendar days of receipt.) The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

Integral Care has 30 business days to investigate the complaint. If more information is needed to resolve the case, Integral Care may contact the complainant.

The complainant has 3 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 3 business days, Integral Care can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue the 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 5 days after the date of the closure letter or the LOF to do so.

A person may also file a complaint directly with the: Texas Department of Transportation, Attn: TxDOT-PTN, 125 E. 11th Street, Austin, TX 78701-2483, *or* Federal Transit Administration, 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, please contact the Ombudsman at 512-440-4086 or feedback@integralcare.org.

***See Attachment B for Spanish version**

Section 6: Title VI Complaint Form

Integral Care’s Title VI Complaint Form is made available in the following locations: *(check box for Required)*

Required:

- Agency website:** www.integralcare.org/feedback
- Hard copy in the central office
- Available in appropriate languages for LEP populations meeting the Safe Harbor Threshold
- Other, _____

Section I:			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Email 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?		
<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.		
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

If information is needed in another language, contact the Ombudsman at 512-440-4016 or
feedback@integralcare.org

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

**Integral Care
 Ombudsman Office
 1430 Collier St.
 Austin, Texas 78704**

***See Attachment C for Spanish version**

Section 7: List of Transit-Related Title VI Investigations, Complaints and Lawsuits

Integral Care maintains a list or log of all Title VI 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 since the last plan submission.

 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.				
Lawsuits				
1.				
Complaints				
1.				

Section 8: Public Participation Plan

Strategies and Desired Outcomes

To promote inclusive public participation, Integral Care will employ the following strategies, as appropriate (make these determinations based on a demographic analysis of the population(s) affected, type of plan, program and/or service under consideration, and the resources available):

- ✓ 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

Below is a list of annual Public Events. Local events are posted in clinics in the event service area and all events are posted on social media which can be accessed via Facebook, Twitter and our website.

Month of Event	Name of Event
May	South Texas Family Support Conference
August	Austin ISD Back to School Bash
August	Manor ISD Back to School
September	NAMI Walk
October	Deaf Culture Workshop
October	Austin Community College Spirit Day
October	Pride Festival
October	AIDS Walk
October	Austin Clubhouse Resource Fair
October	Community Forum on Mental Illness – Largo Vista Performing Arts Center
October	Annual Palm Square Resource Fair

Month of Event	Name of Event
October	Del Valle Middle School – Back to School Night
October	Raegan High School – Hope Fest
October	Out of the Darkness Walk
November	Asian American Resource Center Open House
November	Pop-Up Resource Fair at Central Health
November	Listening Session on Youth Substance Use & Recovery
November	Inclusive Language Workshop
November	Care for Culture Online Module
November	New Milestones Gala
February	African American Family Support Conference
May	Children’s Mental Health Day Awareness
Weekly	Youth Mental Health First Aid
Weekly	Adult Mental Health First Aid
Weekly	Adult Mental Health First Aid (Spanish language)
Quarterly	Community Education Forums
Quarterly	Intersection of Gender and Sexuality Workshop
Quarterly	Care for Culture 2-day Session
Annually	ACC, Huston-Tillotson, UT Community Resource Fairs
Annually	Family Resource Fairs at Austin ISD High Schools
Annually	Austin Energy Community Connects
As requested/invited	Suicide Prevention Workshop

Section 9: Language Assistance Plan

Language Access Plan Components

As a recipient of federal US DOT funding and consistent with Title VI of the Civil Rights Act of 1964 and Executive Order 13166, Integral Care is required to take reasonable steps to ensure meaningful access to our programs and activities by Limited-English proficient (LEP) persons. Integral Care's Individualized Language Access Plan involves elements listed under the Four Factor Analysis including:

- 1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program recipient.
 - a. LEP persons interact with the agency through various ways including: in person, phone, and internet.
 - b. Identification/Assessment of the number or proportion of LEP persons:
The top languages accessed through Integral Care's interpreting services by current Integral Care consumers are: Spanish (75%), Vietnamese (9.8%), Arabic (7.0%), Nepali (2.5%), Mandarin (1.5%), and Burmese (1.4%). Other languages accessed at < 1% include: Kinyarwanda, Italian, Farsi, Swahili, Thai, Hindi, Hungarian, Somali, Korean, French, Japanese, Tagalog, Amharic, and Pashto. Integral Care also employs American Sign Language interpreters and maintains access to Video Relay services to help individuals that are deaf and hard of hearing.
 - c. Literacy level: Integral Care complies with the Plain Writing Act of 2010
 - d. Integral Care continuously provides outreach to communities identified as underserved regardless of reason.
- 2) The frequency with which LEP persons come into contact with the program.
 - a. LEP persons use bus and Medicaid transportation regularly.
 - b. LEP persons purchase and use tickets through public transportation services as well as obtain tickets through Integral Care staff when clinically appropriate.
 - c. Participation in public meetings is open to all, including LEP persons. Interpreters are available at no charge to the individual.
 - d. LEP persons have access to all agency services through interpreters by calling the agency's main number to address any needs including crisis, appointments, complaints, and general questions.
 - e. LEP persons are able to access applicable agency surveys in their language or through the assistance of bilingual staff or a qualified interpreter.
 - f. LEP persons are able to access applicable agency surveys in their language or through the assistance of bilingual staff or a qualified interpreter.
- 3) The nature and importance of the program, activity, or service provided by the program to people's lives.
 - a. Integral Care's Language Access Plan addresses meaningful access to all vital services through various means including:
 - i. Access to crisis, scheduling, general questions, screening requests, information about community resources, billing, and complaints through the agency's call center.

- ii. Trained and competent workforce that is able to access language assistance services when a bilingual employee is not readily available. This includes staff assisting with scheduling transportation needs when clinically indicated.
 - iii. Vital Documents are translated and available
- 4) The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.
 - a. Integral Care posts the Notification of Nondiscrimination in 15 languages at all locations and on the internet. This notice includes information about free aids and services that are free of charge including language services. Full notice is included under the “Results of Four Factor Analysis” below.

Results of the Four Factor Analysis:

A) Description of the LEP population(s) served;

The top languages accessed through Integral Care’s interpreting services by current Integral Care consumers are: Spanish (75%), Vietnamese (9.8%), Arabic (7.0%), Nepali (2.5%), Mandarin (1.5%), and Burmese (1.4%). Other languages accessed at < 1% include: Kinyarwanda, Italian, Farsi, Swahili, Thai, Hindi, Hungarian, Somali, Korean, French, Japanese, Tagalog, Amharic, and Pashto. Integral Care also employs American Sign Language interpreters and maintains access to Video Relay services to help individuals that are deaf and hard of hearing.

B) Describe how the recipient provides language assistance services by language

Employees are receive training and guidelines to assist LEP persons (flow chart included below).

All clinical staff have access to a language identification cards that can assist in identifying what language an individual is speaking (identification card included below).

Integral Care Guidelines for Employees Assisting Individuals with Limited English Proficiency (LEP)



*See Language Access Page on Intranet for additional resources.

YES — **Is a Qualified Bilingual Employee present?** — **NO**

A qualified bilingual employee meets basic language skills, provides understandable, respectful care and services and is responsive to the consumer's cultural health beliefs, practices and preferred language.

An interpreter is proficient in English AND the consumer's preferred language. Interpreters listen to your message and accurately convey what is being said by you and the client to prevent miscommunication.

Have qualified bilingual staff provide service.

YES — **Is an onsite interpreter* or trained staff interpreter available?**

Provide service with the trained interpreter.

NO

Call the Language Line to get assistance: 1-866-874-3972

1. Enter Client ID #
2. Enter your Unit #
3. Dial 1 for Spanish, Dial 2 for other languages
4. Document Interpreter Name and ID#
5. Brief the interpreter and provide instructions.
6. Be sure to provide interpreter name and ID with explanation.

1 Determine preferred language

ASL
Use VRI service

SPOKEN
Use language line service

To report any concerns or difficulties with Language Line services/interpreters, email ombudsman@atcic.org.

C) Describe how the recipient provides notice to LEP persons about the availability of language assistance;

Integral Care provides a Notification of Nondiscrimination at intake and posts the following information in 15 languages at all locations as well as on the internet:

Integral Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Integral Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Integral Care:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
 - *Qualified sign language interpreters*
 - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
 - *Qualified interpreters*
 - *Information written in other languages*

If you believe that Integral Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Phyllis Wolf, 1430 Collier St., Austin, Texas 78704, 512-440-4086, TTY number 512-703-1395, Fax 512-445-7745, Feedback@integralcare.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Phyllis Wolf is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

*U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)*

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

D) Describe how the recipient monitors, evaluates and updates the language access plan

Program Managers and Directors receive real-time feedback from employees and LEP persons. If issues are identified, immediate action is taken to correct in order to minimize impact and language access

services are adjusted accordingly. Call Center, Language Line, and Accounts Payable regularly send out reports on usage for review. The Language Access Plan is updated when findings indicate need.

E) Describe how the recipient trains employees to provide timely and reasonable language assistance to LEP populations.

Current trainings occur at the unit levels and include an overview of Language Access and the Law, accreditation standards and competence requirements, how to assist individuals of LEP, how to access language assistance services when appropriate, and how to use the language identification guide. A web-based training for all staff is in the final stages of development and will be available as supplemental training.

Language Access Plan – Integral Care FY17

Integral Care’s Language Access Plan addresses the following strategic plan goal and objectives:

Goal# 2: *Improved health outcomes are achieved through implementation of high quality services and continuous innovation.*

Objective 2.1: *Increase access to services.*

Objective 2.2: *Make available evidence-based services and promising practices that meet or exceed industry standards.*

This plan establishes a strategy for ensuring meaningful access by individuals with Limited English Proficiency (LEP) to all programs and activities offered by Integral Care in accordance with Executive Order 13166 (EO 13166), *Improving Access to Services For Persons With Limited English Proficiency*, issued August 11, 2000. Integral Care’s language access plan and policy is aligned with HHS Language Access Policy and Implementation recommendations (2013).

Goal: Integral Care (Integral Care) provides access to timely, quality language assistance services to individuals with Limited English Proficiency (LEP) at all points of contact.

Demographic Information: The top languages accessed through Integral Care’s interpreting services by current Integral Care consumers are: Spanish (75%), Vietnamese (9.8%), Arabic (7.0%), Nepali (2.5%), Mandarin (1.5%), and Burmese (1.4%). Other languages accessed at < 1% include: Kinyarwanda, Italian, Farsi, Swahili, Thai, Hindi, Hungarian, Somali, Korean, French, Japanese, Tagalog, Amharic, and Pashto. Integral Care also employs American Sign Language interpreters and maintains access to Video Relay services to help individuals that are deaf and hard of hearing.

The most commonly spoken languages in Integral Care’s catchment area (2010-2014) are noted below:

Travis County	Number of Speakers	Number Who Speak English Less Than “Very Well”
Spanish	245,480	110,186
Vietnamese	11,916	6,871
Chinese	10,966	3,900
Other Asian Languages	6,602	1,185
Korean	4,523	1,608
French	4,396	780
Hindi	4,136	738
German	3,052	222
Urdu	3,091	870
Arabic	3,071	1,344
Other Indic Languages	2,455	468

Source: <http://www.cancommunitydashboard.org/demographic-overview.php>; U.S. Census Bureau, American Community Survey, 2009-2014 5-year estimates, B16001: Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over.

Element 1: Needs and Capacity

Action: Integral Care will have in place processes to regularly identify and assess the language assistance needs of its current and potential clients, as well as processes to assess the agency's capacity to meet these needs according to the elements of this plan.

Responsible Unit: Quality Management will be responsible for conducting annual assessments and implementing and/or improving language assistance based on assessed needs.

Element 2: Oral Language Assistance Services

Action: Integral Care will provide oral language assistance, in both face-to-face and telephone encounters, through the use of qualified bilingual staff and qualified interpreters at no cost to individuals with LEP. Integral Care will establish a point of contact for individuals with LEP, such as an office, official, or phone number. Integral Care will ensure that all bilingual staff and interpreters pass a basic language competency test prior to providing services. This test will be based on the Texas Advisory Committee On Qualifications for Health Care Translators and Interpreter Recommendations, 2013, the following Joint Commission Standards: HR.01.02.01, PC.02.01.21, RI.01.01.01, RI.01.01.03, and the ACA Recommendations.

Responsible Unit: Human Resources and Ombudsman

Element 3: Written Translations

Action: Integral Care will identify, translate and make accessible in various formats, including print and electronic media, vital documents in languages other than English in accordance with assessments of needs and capacity conducted under Element 1.

Responsible Unit: Communications, Medical Records, Program Operations will define a process and will work with certified translators and external stakeholders to provide written translations that comply with the Plain Writing Act of 2010.

Element 4: Policies and Procedures

Action: Integral Care will develop, implement and regularly update written policies and procedures that ensure that individuals with LEP have meaningful access to agency programs and activities.

Responsible Unit: Executive Management Team (EMT)

Element 5: Notification of the Availability of Language Assistance at No Cost

Action: Integral Care, in accordance with agency needs and capacity and in plain language, will proactively inform individuals with LEP that language assistance is available at no cost.

Responsible Unit: Communications Department

Element 6: Staff Training

Action: Integral Care will commit resources and provide employee training as necessary to ensure that management and staff understand and can implement LEP policies and procedures and the elements of the Language Access Plan.

Responsible Unit: Human Resources and designated manager

Element 7: Assessment: Access and Quality

Action: Integral Care will regularly assess the accessibility and quality of language assistance activities for individuals with LEP, maintain an accurate record of language assistance services, and implement or improve LEP outreach programs and activities in accordance with customer need and agency capacity.

Responsible Unit: Quality Management

ELEMENT 8: Stakeholder Consultation

Action: Integral Care will consult with stakeholder communities to identify language assistance needs of individuals with LEP, implement appropriate language access strategies to ensure individuals with LEP have meaningful access in accordance with assessments of need and agency capacity, and evaluate progress on an ongoing basis.

Responsible Unit: Communications Department

ELEMENT 9: Digital Information

Action: Integral Care will develop and implement specific written policies and procedures to ensure that, in accordance with assessments of LEP needs and agency capacity, digital information is accessible by communities in need of language services.

Responsible Unit: Communications Department

ELEMENT 10: Provider Assurance and Compliance

Action: Integral Care will ensure that Contracted Providers understand and comply with obligations under civil rights statutes and regulations.

Responsible Unit: Provider Network and Authority Officer

Section 10: Minority Representation Information

- We do not have transit related non-elected Board Members.

Efforts to Encourage Minority Participation

- There are no non-elected transit-related boards, committees, or councils.

Section 11: Providing Assistance to and Monitoring Subrecipients

Integral Care does not provide funding to subrecipients.

**Title VI Program
Attachment A
Notice to the Public (Spanish version)**



Notificar al público de los derechos bajo Title VI Integral Care

- ✓ Integral Care opera sus programas y servicios sin importar raza, color y origen nacional según el título VI de la ley de derechos civiles. Cualquier persona que cree que él o ella ha sido agraviado por cualquier práctica discriminatoria ilegal bajo el título VI puede presentar una queja con Integral Care.
- ✓ Para mayor información sobre la oficina de Ombudsman de Integral Care, obtener los procedimientos para presentar una queja, o para obtener mas information en como hacer una queja puede contactar el Ombudsman al 512-440-4086 feedback@integralcare.org; o comuníquese con la oficina de derechos civiles de la HHSC en 1-800-735-2982.
- ✓ También puede presentar una queja directamente con la:
Texas Department of Transportation, Attn: TxDOT-PTN, 125 E. 11th Street, Austin, TX 78701-2483, or
Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ Si necesita información en otro idioma, comuníquese con nuestro Ombudsman 512-440-4086 or feedback@integralcare.org.

**Title VI Program
Attachment B
Complaint Procedure (Spanish version)**

PROPÓSITO: Establecer un procedimiento relativo al derecho de una persona a presentar una queja bajo el Título VI.

Integral Care el procedimiento de reclamación del Título VI está disponible en los siguientes lugares:

Necesario:

Sitio web de la agencia: www.integralcare.org/feedback

Opcional:

Oficina pública

Zonas de recepción

Salas de reunión

Disponible en los idiomas apropiados para las poblaciones de LEP, cumpliendo con el Umbral de Puerto Seguro

Otro: _____

Cualquier persona que crea que ha sido discriminado por raza, color o origen nacional por Integral Care puede presentar una queja de Título VI completando y presentando el Formulario de Queja de Título VI de la agencia. Los formularios de quejas pueden encontrarse en:

www.integralcare.org/feedback or feedback@integralcare.org

Integral Care investiga las quejas recibidas no más de 180 días después del presunto incidente. Integral Care tramitará las quejas que están completos.

Una vez recibida la queja, Integral Care la revisará para determinar si nuestra oficina tiene jurisdicción. (Se enviará una copia de cada denuncia de Título VI recibida al Coordinador de Transporte Público de TxDOT dentro de los diez (10) días calendario de haberla recibido). El demandante recibirá una carta de reconocimiento informándole si la queja será investigada por nuestra oficina.

Integral Care tiene 30 días hábiles para investigar la queja. Si se necesita más información para resolver el caso, Integral Care puede contactar al demandante.

El denunciante tiene 3 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 demandante o no recibe la información adicional dentro de los 3 días hábiles, Integral Care puede cerrar administrativamente el caso. Un caso puede ser administrativamente cerrado también si el demandante ya no desea seguir su caso.

Después de que el investigador revise la queja, emitirá una de las dos (2) cartas al demandante: una carta de cierre o una carta de hallazgo (LOF).

- Una carta de cierre resume las alegaciones e indica que no hubo una violación del Título VI y que el caso será cerrado.
- Una carta de hallazgo (LOF) resume las alegaciones y las entrevistas con respecto al supuesto incidente, y explica si ocurrirá alguna acción disciplinaria, entrenamiento adicional del miembro del personal u otra acción.

Si el querellante desea apelar la decisión, tiene 5 días después de la fecha de la carta o del LOF para hacerlo.

Una persona también puede presentar una queja directamente con: Departamento de Transporte de Texas, a la atención de:

TxDOT-PTN, 125 E. 11th Street, Austin, TX 78701-2483, *or* Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

- Si se necesita información en otro idioma, comuníquese con un Oficial de Protección de Derechos al 512-244-8324.

**Title VI Program
Attachment C
Complaint Form (Spanish version)**

Sección I					
Nombre:					
Dirección:					
Teléfono (Casa):			Teléfono (Trabajo):		
Dirección de correo electrónico:					
¿Requisitos accesibles?	Formato grande	Impresión	<input type="checkbox"/>	Cinta de audio	<input type="checkbox"/>
	TDD		<input type="checkbox"/>	Otro	<input type="checkbox"/>
Sección II					
¿Está presentando esta queja en su propio nombre?			Sí <input type="checkbox"/>	No <input type="checkbox"/>	
* Si contestó "sí" a esta pregunta, vaya a la Sección III.					
Si no es así, proporcione el nombre y la relación de la persona por la que se queja:					
Explique por qué ha presentado un tercero: _____					
Si usted está archivando en nombre de un tercero, ¿ha obtenido el permiso de la parte agraviada?			Sí <input type="checkbox"/>	No <input type="checkbox"/>	
Sección III					
Sección IV					
¿Ha presentado previamente una queja de Título VI con esta agencia?			Sí <input type="checkbox"/>	No <input type="checkbox"/>	
Sección V					
¿Ha presentado esta queja ante cualquier otra agencia federal, estatal o local, o ante cualquier tribunal federal o estatal? Sí <input type="checkbox"/> No <input type="checkbox"/>					
En caso afirmativo, marque todas las que correspondan:					
<input type="checkbox"/> Agencia Federal: _____					
<input type="checkbox"/> Corte federal: _____			<input type="checkbox"/> Agencia del estado: _____		
<input type="checkbox"/> Tribunal del Estado: _____			<input type="checkbox"/> Agencia local: _____		

Proporcione información sobre una persona de contacto en la agencia/tribunal donde se presentó la queja.
Nombre:
Título:
Agencia:
Dirección:
Número de teléfono:
Sección VI
El nombre de la queja de la agencia está en contra:
Persona de contacto:
Título:
Número de teléfono:

Usted puede adjuntar cualquier material escrito u otra información que considere pertinente a su queja.

Firma y fecha se requiere a continuación.

Firma

Fecha

Si se necesita información en otro idioma, comuníquese con un Ombudsman al 512-440-4086.

Por favor envíe este formulario en persona a la dirección abajo, o envíe este formulario a:

**Integral Care
Ombudsman's Office
1430 Collier St.
Austin, Texas 78704**

feedback@integralcare.org