

# **Achieve Services Inc. Transportation Services Title VI Plan**

Reference: FTA Circular 4702.1A, Title VI and Title VI Dependent Guidelines for Federal Transit Administration Recipients

Purpose: The purpose of this plan is to establish guidelines to effectively monitor and ensure that Achieve Transportation Services are in compliance with all FTA Title VI requirements and regulations in order to carry out the provisions of the Department of Transportation's (DOT) Title VI Regulations at 49 CFR Part 21.

## **Section 1 - Plan Statement**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Other federal non-discrimination legal authorities add protections based on age, disability, sex, and low-income status. Specifically, Title VI provides that "no person in the United States shall, on the ground 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 financial assistance" (42 U.S.C. Section 2000d). Achieve also follows the Minnesota Human Rights Act prohibiting discrimination in the provision of services based on race, color, creed, religion, national origin, sex, marital status, disability gender identity, sexual orientation and status regarding public assistance.

Achieve is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) circular 4702. 1A. In addition, ensuring that no person is excluded from participation or denied transportation services based on creed, religion, sex, marital status, disability, gender identity, sexual orientation and status regarding public assistance as stated in the Minnesota Human Rights Act.

This plan was developed to guide Achieve Transportation Services in its administration and management of Title VI related activities. Please contact the Title VI Coordinator for further information: Human Resources Manager, Achieve Services Inc. 1201 89<sup>th</sup> Ave NE Blaine MN 55434, 763-783-4909.

## **Section 2 - Information Dissemination**

Title VI information shall be posted and publicly displayed at Achieve and on our vehicles. The name of the Title VI coordinator shall be available on the organization's website, and posted in conspicuous locations. Additional information relating to nondiscrimination obligations can be obtained from the Achieve's Human Resources Manager

Title VI information shall be disseminated to Achieve employees annually, and will be available electronically as well as on the Achieve website. This information reminds employees of their Title VI responsibilities in their daily work and duties.

During new employee orientation, new employees shall be informed of the provisions of Title VI, and Achieve's expectation that they are to perform their duties accordingly. All employees shall be provided a copy of the Title VI Plan and will be required to sign the Acknowledgement of Receipt (Appendix A).

### **Section 3: Subcontractors and Vendors**

All subcontractors and vendors who receive payments from Achieve where funding originates from any federal assistance are subject to the provisions of Title VI of the Civil Rights Act of 1964 as amended. Subcontractors and vendors shall be informed of the provisions of Title VI, and Achieve's expectation that they are to perform their duties accordingly and will be required to sign the Acknowledgement of Receipt (Appendix B)

Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract. During new employee orientation,

### **Section 4: Recordkeeping**

The Human Resources Manager will maintain permanent records, which include, but are not limited to, signed acknowledgements of receipt from the employees indicating the receipt of the Achieves Title VI Plan, copies of Title VI complaints or lawsuits and related documentation, and records of correspondence to and from complainants, and Title VI investigations. (Appendix C).

### **Section 5: Complaint Procedures**

#### How do I file a complaint?

If you believe you have been discriminated against because of your race, color or national origin you may file a complaint in any of the following ways:

1. Request a copy of Achieve's *Title VI Discrimination Complaint Form* by calling 763-783-4909 and asking for the Human Resources Manager. A copy of the Complaint Procedure is included as Appendix D.
2. You may also download a copy of the Title VI Discrimination Complaint Form at [www.achieveservices.org](http://www.achieveservices.org).
3. When you prepare your written complaint, you should include the following information:
  - a. Your name, address and telephone number. If you are filing on behalf of another person, include your name, address, telephone number, and your relation to that person (i.e., friend, guardian, parent or other relative, attorney).
  - b. The name of the organization, department or person(s) that you believe discriminated against you.

- c. How, why and when you believe you were discriminated against – please include as much specific, detailed information as possible about the alleged acts of discrimination.
  - d. The names of any person that Achieve should contact for additional information to clarify or support your allegation of discrimination.
  - e. Your complaint must be signed and dated. You may e-mail your complaint to [hr@achieveservices.org](mailto:hr@achieveservices.org) mail the Complaint Form to: Human Resources Manager, Achieve Services, 1201 89<sup>th</sup> Ave NE Blaine MN 55434.
4. You may also file a complaint with the *Metropolitan Council*.
- a. A copy of their Title VI Complaint Form is included with this procedure as Appendix E. The complaint form is also available on their website at [public.info@metc.state.mn.us](mailto:public.info@metc.state.mn.us).
  - b. Your complaint must be signed and dated. You may mail your completed complaint form to: Metropolitan Council, 390 Robert Street N, St. Paul, MN 55101-1805.

Achieve investigates complaints received no more than 180 days after the alleged incident.

#### What happens when I file a complaint?

Once you have filed a complaint, the Human Resources Manager will determine if it can investigate the issues you raised. Achieve may not have the authority to process your complaint or the complaint might not meet the legal requirements.

Achieve will notify you (or the person making the complaint on your behalf) in writing within 10 working days if it can process the complaint. You will then have 10 additional working days to get in contact with Achieve.

Within 60 days, Achieve will complete the final investigative report and a copy of the complaint will be forwarded to the appropriate Federal agency and to the persons involved in the complaint.

If more information is needed to resolve the case, Achieve may contact you (or the person making the complaint on your behalf). If you do not contact the investigator or submit the additional information requested, Achieve can administratively close the case. The complaint may also be dismissed if you (or the person filing the request) asks to withdraw the complaint.

If you (or the person who filed the report on your behalf) are not satisfied with the result, you may file a complaint directly with the Federal Transportation Administration at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, D.C. 20590.

### **Section 6: Management Responsibility**

Directors and Supervisors receiving information regarding alleged violation(s) of this order shall determine if there is any basis for the allegation and shall proceed with initiating an investigation as warranted. Each Director and Supervisor shall:

- Ensure that there are no barriers to service or accommodation that would prevent participants from using Achieve transportation.
- Train participants as to what constitutes discrimination and barriers to access.
- Take prompt and appropriate action to avoid and minimize the incidence of any forms of discrimination.
- Notify the Human Resources Manager in writing of the circumstances surrounding any

reported allegations of discrimination no later than the next business day.

### **Section 7: Limited English Proficiency (LEP) Plan**

Title VI and its implementing regulations require that FTA recipients take responsible steps to ensure meaningful access to the benefits, services, information, and other important portions of their programs and activities for individuals who are Limited English Proficient. Currently, Achieve is not impacted by this. If need should arise, Achieve would contact the Metropolitan Council to provide an LEP assessment for the Achieve service area to determine the extent and type of LEP needs and how best to address them.

### **Section 8: Community Outreach**

To enhance its Community Outreach, Achieve conducts regular Consumer Satisfaction Surveys to engage the participants in its planning and decision-making processes, and to guide its service delivery activities. Additional outreach includes:

- Achieve Participant Involvement Committee, comprised entirely of people with disabilities, meets monthly and provides counsel to supervisors and the CEO of the organization.
- Achieve's "Accessibility Plan" identifies potential barriers in several areas, recommends resolution and assigns a staff person for responsibility to implement any changes.

### **Section 9: List of Appendices**

APPENDIX A	Employee Acknowledgement of Receipt of Title VI Plan
APPENDIX B	Subcontractor Vendor Acknowledgement of Receipt of Title VI Plan
APPENDIX C	Title VI Complaint Log
APPENDIX D	Achieve Title VI Complaint Form
APPENDIX E	Metropolitan Council Title VI Discrimination Complaint Form
APPENDIX F	Sample of Title VI Public Notice

Date Adopted:

APPENDIX A. Employee Acknowledgement of Receipt of Title VI Plan



## VERIFICATION OF TRAINING

I have read/been oriented to and understand the information in the Achieve Services Inc. Title VI plan. I understand that Achieve Services Inc. will not discriminate based on race, color, or national origin and prohibits any agent or employee from discrimination prohibited by Title VI, Title VII and/or the Minnesota Human Rights Act. I understand that in my actions for or on behalf of Achieve Services Inc. I need to comply with the Achieve Services Title VI Plan and all non-discrimination laws and policies.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



## VERIFICATION OF TRAINING

I have read/been oriented to and understand the information in the Achieve Services Inc. Title VI plan. I understand that Achieve Services Inc. will not discriminate based on race, color, or national origin and prohibits any agent or employees of a Vendor from discrimination prohibited by Title VI, Title VII and/or the Minnesota Human Rights Act. As an authorized vendor of transportation services, the undersigned Vendor confirms that it/they/she/he will follow the policies outlined in the Achieve Services Title VI Plan and will train any agent or employee of Vendor who performs transportation services on behalf of Achieve Services Inc. of the agent's or employee need to comply with the Achieve Services Title VI Plan and all non-discrimination laws and policies.

\_\_\_\_\_  
Vendor Name

Authorized Representative of Vendor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Title VI  
Achieve Transit-Related Investigations, Complaints & Lawsuits**

This form will be used to document any transit-related investigations, lawsuits, or complaints filed alleging discrimination on the basis of race, color, or national origin. This information will be included in the Title VI Program submitted to FTA every three years.

Investigations				
Date (m/d/y)	Summary of Incident (include basis of complaint: race, color, or national origin)	Status of Investigation	Actions Taken	Final Findings

Complaints				
Date (m/d/y)	Summary of Incident (include basis of complaint: race, color, or national origin)	Status of Complaint	Actions Taken	Final Findings

Lawsuits				
Date (m/d/y)	Summary of Incident (include basis of complaint: race, color, or national origin)	Status of Lawsuit	Actions Taken	Final Findings

Achieve Services  
Title VI Complaint Form

**Section 1 Complainant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Accessible Format Requirements: TDD  Large Print  Audio Tape  Other

**Section 2 Third Party Information**

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 write name and relationship of person for whom you are complaining:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Please explain why you have filed for a third party: \_\_\_\_\_

Do you have permission from the person for whom you are filing complaint? Yes  No

**Section 3 Complaint Information**

I believe the discrimination 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 involved: \_\_\_\_\_

List the name/contact information of person(s) who discriminated against you (if known):

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

List the names and contact information for any witnesses:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

If more space is needed, please use the back of this form.

Have you previously filed a Title VI complaint with this organization? Yes  No

**Section 4 Other Agency/Court Information**

Have you filed this complaint with any Federal, State or local agency, or with any Federal or State Court?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all that apply:  
( ) Federal Agency ( ) Federal Court ( ) State Agency ( ) State Court ( ) Local Agency



Please provide information about a contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section 5 Name of Agency Complaint is Against

Name of agency complaint is against: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section 6 Resolution

How can this issue be resolved to your satisfaction?

Please attach any written materials or other information that you think is relevant to your complaint. This Discrimination Complaint form or your written statement must be signed and dated in order to address your allegation(s). Additionally, our office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience.

If you are filing a complaint on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I described. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Please print and sign your name.)

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

Human Resources Manager  
1201 89<sup>th</sup> Ave NE Suite 105  
Blaine MN 554347



Metropolitan Council  
Office of Equal Opportunity  
390 Robert Street North  
St. Paul, Minnesota 5510

## TITLE VI DISCRIMINATION COMPLAINT FORM

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### Section 1: Complainant Information

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Primary Phone #:

Other Phone #:

E-mail Address:

### Section 2: Third Party Information

Are you filing this complaint on your own behalf?

No

Yes ( if yes, go to Section 3)

First Name of Person Filing Complaint:

Last Name of Person Filing Complaint:

What is your relationship to the complainant?

Primary Phone #:

Other Phone #:

E-mail Address:

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section 5 Name of Agency Complaint is Against

Name of agency complaint is against: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Section 6 Resolution

How can this issue be resolved to your satisfaction?

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint form or your written statement must be signed and dated in order to address your allegation(s). Additionally, our office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience.

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I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I described. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please print and sign your name.)

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

Human Resources Manager  
1201 89<sup>th</sup> Ave NE Suite 105  
Blaine MN 554347

Please explain why you have filed for the third party:

### Section 3: Complaint Information

I believe the discrimination I experienced was based on (check all that apply)

Race

Color

National Origin

Other, please specify

On what date did the alleged discrimination take place?

Where did the alleged discrimination take place?

Please explain and clearly as possible what happened and how you believe your were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you and why you believe these events occurred.

List the names and contact information of persons who may have knowledge of the alleged discrimination.

**Witness 1**

First Name:

Last Name:

Primary Phone #:

Other Phone #:

E-mail Address:

**Witness 2**

First Name:

Last Name:

Primary Phone #:

Other Phone #:

E-mail Address:

**Section 4: Other Agency/Court Information**

Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

- No ( if no, go to Section 5)  
 Yes

If Yes, Check all that apply.

- Federal Agency  
 Federal Court  
 State Agency  
 State Court  
 Local Agency

Please provide information about a contact person at the agency or court where the complaint was filed.

Name of Agency:

Date complaint was filed:

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Primary Phone #:

### Section 5: Resolution

How can this be resolved to your satisfaction?

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint form or your written complaint statement must be signed and dated in order to address your allegation(s). Additionally, this office will need your consent to disclose your name, if necessary, in the course of our inquiry. The Discrimination Complaint Consent/Release form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent to disclose his/her name.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant Signature

Date

**APPENDIX F**      Sample of Title VI Public Notice

**Notifying the Public of Rights under Title VI  
Achieve Services Inc.**

- Achieve Services Inc operates its program and services without regard to race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance as outlined in the organizations' Affirmative Action Plan. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Achieve Services.
- For more information on Achieves' Affirmative Action Plan, and the procedures for filing a complaint, contact Human Resources at 763-783-4909, or email [hr@achieveservices.org](mailto:hr@achieveservices.org), or visit our office at 1201 89<sup>th</sup> Ave NE Suite 105, Blaine MN 55434.
- A person 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, East Building, 5<sup>th</sup> floor-TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.
- If information is required in another language, contact our Human Resources Manager at 763-783-4909.





# ACHIEVE SERVICES INC

## Board of Directors' Resolution 2024

WHEREAS, Achieve Services Inc. operates a transit system as a key part of our service; and

WHEREAS, Achieve Services Inc has purchased vehicles through the State of Minnesota Cooperative Procurement Process and the 5310 Federal Grant Program,

WHEREAS, Federal 5310 Grant process requires that Achieve Services inc. have an adopted Title VI Plan in place to received Federal monies;

WHEREAS, Achieve Services Inc. has developed a Title VI Plan that is consistent with the organizations' Affirmative Action Plan,

WHEREAS, the Title VI Plan was formally present to the Board on January 11, 2024

Whereas, THE Title VI Plan will be posted in all Achieve vehicles, the company website and displayed publicly within Achieve, as required by federal regulations;

NOW, THEREFORE, BE IT RESOLVED:

That the Achieve Services Inc. Board of Directors hereby approves the Title VI Plan required for participation in the 5310 Federal Grant Program.

I hereby certify that the foregoing resolution is a true and correct copy of the resolution presented to and adopted by the Board of Directors for Achieve Services, Inc., effective this 11<sup>th</sup> day of January, 2024.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2024

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Tami Hagen, Chair

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Thomas H. Weaver, CEO



# ACHIEVE SERVICES INC

## Board of Directors' Resolution 2024 -1

WHEREAS, Achieve Services inc. operates a transit system as a key part of our service; and

WHEREAS, Achieve Services Inc has purchased vehicles through the State of Minnesota Cooperative Procurement Process and the 5310 Federal Grant Program,

WHEREAS, Federal 5310 Grant process requires that Achieve Services inc. have an adopted Title VI Plan in place to received Federal monies;

WHEREAS, Achieve Services Inc. has developed a Title VI Plan that is consistent with the organizations' Affirmative Action Plan,

WHEREAS, the Title VI Plan was formally present to the Board on January 11, 2024

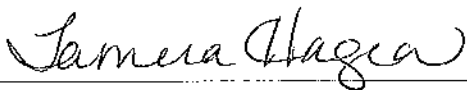
Whereas, THE Title VI Plan will be posted in all Achieve vehicles, the company website and displayed publicly within Achieve, as required by federal regulations;

NOW, THEREFORE, BE IT RESOLVED:

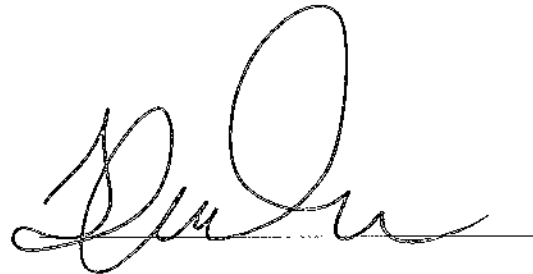
That the Achieve Services Inc. Board of Directors hereby approves the Title VI Plan required for participation in the 5310 Federal Grant Program.

I hereby certify that the foregoing resolution is a true and correct copy of the resolution presented to and adopted by the Board of Directors for Achieve Services, Inc., effective this 11<sup>th</sup> day of January, 2024.

Dated this 11 day of January 2024



Tami Hagen, Chair



Thomas H. Weaver, CEO

