

# Disabilities Services, Inc.

## Title VI/ADA Nondiscrimination Plan

**Revised on:** April 21, 2023 Expires 2028

**Adopted by:** Disabilities Services, Inc. Board of Directors

Original Plan

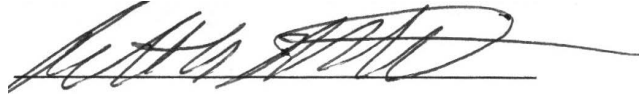
**Adopted on:** October 15, 1974

*This plan is hereby adopted and signed by:*

**Disabilities Services, Inc.**

**Executive Name/Title:** Robert Malchetske/President

**Executive Signature:**



---

As a recipient of USDOT Federal Transit Administration (FTA) funding, per [FTA Circular 4702.1B](#) **Disabilities Services, Inc.** is required to prepare a Title VI/ADA Nondiscrimination Plan including the following elements:

- Evidence of Policy Approval
- Policy Statement, Log of Policy Updates, Contact Information/Program Administration
- Notice of Nondiscrimination
- Complaint Procedure
- Complaint Form
- Recording and Reporting Civil Rights Investigations, Complaints and, and Lawsuits
- Public Involvement Plan
- Limited English Proficiency (LEP) Plan
- Demographic Representation Information
- Translated Vital Documents – Spanish (Notice of Nondiscrimination, Complaint Procedure, Complaint Form)

## POLICY STATEMENT

**Disabilities Services, Inc.** operates its programs and services without regard to race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in accordance with Title VI of the Civil Rights Act, Americans with Disabilities Act (ADA), and related nondiscrimination authorities.

**Disabilities Services, Inc.** receives federal financial assistance to provide transportation service in Green Lake, Fond du Lac, Marquette, and Waushara counties and to purchase vehicles to provide rides to elderly and disabled individuals.

For more information on **Disabilities Services, Inc.** civil rights program, ADA obligations, and the procedures to file a complaint, contact Dawn Brantley, [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov), (920)361-3484 (for hearing impaired, please use Wisconsin Relay 711 service <https://wisconsinrelay.com>)

### Policy Updates – Activity Log

**Disabilities Services, Inc.** will review its policy on an annual basis to determine if modifications are necessary. The table below outlines the Title VI/ADA Plan reviews/revisions made by **Disabilities Services, Inc.**

As applicable, **Disabilities Services, Inc.** will discuss Title VI/ADA Nondiscrimination Plan requirements with its third-party transit providers on an annual basis to ensure compliance with civil rights requirements.

Date	Activity (Review/Update/Addendum/ Adoption/Distribution)	Person Responsible	Notes
March 13, 2023	Updated the Title VI/ADA Plan per the WisDOT Compliance Site Review (CSR) recommendations.	Debbie Stobbe	
May 22, 2017	Update Title VI Plan	Ed Schuh	
October 15, 1974	Develop Civil Rights Plan	Jon Schweder/ President	

## CONTACT INFORMATION/PROGRAM ADMINISTRATION

### Chief Executive

**Disabilities Services, Inc.** Chief Executive will ensure compliance with [Title VI of the Civil Rights Act of 1964 \(42 U.S.C. 2000d\)](#) and the U.S. Department of Transportation implementing regulations.

<b>Name:</b>	Robert Malchetske/President
<b>Email:</b>	rmalchetske@gmail.com
<b>Phone:</b>	(920)229-9859

### Civil Rights Coordinator

The Civil Rights Coordinator ensures Title VI/Nondiscrimination and LEP compliance in accordance with **Disabilities Services, Inc.** federally funded transportation activities. The Civil Rights Coordinator has other duties and responsibilities in addition to Title VI/Nondiscrimination and LEP compliance. This position has a direct reporting relationship and access to **Disabilities Services, Inc.** Chief Executive.

<b>Name:</b>	Dawn Brantley/Civil Rights Coordinator
<b>Email:</b>	dbrantley@greenlakecountywi.gov
<b>Phone:</b>	(920)361-3484

The Civil Rights Coordinator is responsible for initiating, monitoring, and ensuring compliance of **Disabilities Services, Inc.** nondiscrimination requirements, including the following activities:

- ✓ Program Administration
  - Ensure compliance with federal Title VI/Nondiscrimination and LEP requirements
  - Develop and implement **Disabilities Services, Inc.** Title VI/Nondiscrimination and LEP Plan
  - Update and maintain Title VI/Nondiscrimination and LEP program policies and procedures
- ✓ Complaints
  - Review, track, investigate and close Title VI/Nondiscrimination and LEP complaints
- ✓ Employee Training
  - Educate staff on Title VI/Nondiscrimination and LEP requirements and procedures
- ✓ Reporting
  - Prepare and submit Title VI/Nondiscrimination reports per state and federal regulations
- ✓ Public Dissemination
  - Notify the public of **Disabilities Services, Inc.** Nondiscrimination requirements via **Disabilities Services, Inc.** public area, on its website, in vehicles, etc.
- ✓ Oversight
  - Ensure contractors and lessees adhere to Title VI/Nondiscrimination and LEP requirements

## NOTICE OF NONDISCRIMINATION

[FTA Title VI Circular 4702.1B](#) requires **Disabilities Services, Inc.** as a recipient of federal financial assistance to notify the public of its obligations under U.S. DOT Title VI regulations and the protections against discrimination afforded to them by Title VI.

Title VI and ADA regulations require **Disabilities Services, Inc.** to inform the public of their rights under Title VI and ADA by posting a *Notice of Nondiscrimination*. The *Notice of Nondiscrimination* should be posted in the following locations: agency website, public areas of the agency office, and as applicable, inside vehicles, rider guides/schedules, and transit shelters/facilities.

The public notice must include a statement of nondiscrimination, information on how to request additional information about the agency's Title VI and ADA obligations, including information on how to file a complaint, the location of the complaint form, etc., and information on how to request Title VI and ADA information in another language.

**Disabilities Services, Inc.** *Notice of Nondiscrimination* is provided in the following locations:

- ✓ Agency website <https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries/>
- ✓ Public area of the agency office: The main entrance of the building
- ✓ Inside vehicles
- ✓ Rider Guides/Schedules

On English versions of the *Notice of Nondiscrimination*, a sentence is included in Spanish and Hmong to contact **Disabilities Services, Inc.** at (920)361-3484 if additional information is needed in another language.

## Complaint Procedure and Complaint Form

**Disabilities Services, Inc.**, as a recipient of federal financial assistance must develop a procedure for investigating, tracking, and resolving Title VI/Nondiscrimination and LEP complaints and make the procedures available to the public upon request.

Any person, group or firm that believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) by **Disabilities Services, Inc.** may file a civil rights complaint.

### Scope of Civil Rights Complaints

The scope of civil rights complaints covers all internal and external **Disabilities Services, Inc.** activities. Adverse impacts resulting in civil rights complaints can arise from many sources including the delivery of programs and services, or advertising, bidding, and contracts.

Complaints can originate as a result of project and program impacts on individuals or groups. Examples include social and economic impacts such as access to programs, activities and services, failure to maintain facilities and vehicles, traffic, noise, air quality, and accidents. Complaints can also originate from individuals or firms alleging inability to bid upon or obtain a contract with **Disabilities Services, Inc.** for the furnishing of goods and services. Examples include advertising for bid proposals; prequalification or qualification requirements; bid awards; selection of contractors, subcontractors, material and equipment suppliers, lessors, vendors, consultants, etc.

**Disabilities Services, Inc.** complaint procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety
- ✓ Agency office located at 222 Leffert Street, Berlin, WI 54923

### Civil Rights Investigations

Recipients of federal financial assistance are required to maintain a list of any complaints alleging discrimination. The list shall include the date the civil rights complaint, investigation, or lawsuit was filed, a summary of the allegation(s), the status of the complaint, investigation, or lawsuit, actions taken by the recipient in response, and final findings related to the complaint, investigation, or lawsuit.

**Appendix 4** is **Disabilities Services, Inc.**'s procedure and tracking mechanism to investigate, track and resolve complaints.

Since the last update of this Title VI/ADA Nondiscrimination Plan, there has been no transportation related civil rights investigations, complaints, or lawsuits filed with **Disabilities Services, Inc.**

## **PUBLIC INVOLVEMENT PLAN**

Recipients of federal financial assistance are required to develop a public involvement plan that includes outreach strategies and participation techniques to engage the public including minority, low-income, and limited English proficient (LEP) populations, as well as a summary of outreach efforts made since the last Title VI/ADA Nondiscrimination Plan.

While traditional means of seeking public involvement may not reach all individuals, or might not allow for meaningful avenues of input, the intent of this effort is to take reasonable actions to provide opportunities for historically under-served populations to participate in transportation decision making efforts.

A copy of **Disabilities Services, Inc.**'s *Public Involvement Plan* is shown in **Appendix 5**.

## LIMITED ENGLISH PROFICIENCY (LEP) PLAN

As a recipient of federal USDOT funding, the **Disabilities Services, Inc.** is required under [Title VI of the Civil Rights Act of 1964](#) and [Executive Order 13166](#) to develop and implement a plan to ensure accessibility to its programs and services for persons who are not proficient in the English Language.

A copy of **Disabilities Services, Inc.'s Limited English Proficiency (LEP) Plan** is shown in **Appendix 6**. The LEP plan outlines the policies and procedures **Disabilities Services, Inc.** will use to address the needs of persons with limited English proficiency (LEP) that wish to participate in **Disabilities Services, Inc.** programs and services.

## Demographic Representation Information

**Disabilities Services, Inc.** understands that diverse representation on boards, councils, and committees help results in sound policy reflective of the needs of the entire population. [FTA Title VI Circular 4702.1B](#) requires recipients which have transportation-related, non-elected boards, advisory council or committees, or similar bodies, to report membership of these committees broken down by race and include a description of efforts made to encourage the participation of minorities on these committees.

A copy of **Disabilities Services, Inc.\*'s Minority Representation Information** is shown in **Appendix 7**.

# Notice of Nondiscrimination to the Public **Appendix 1**

**Disabilities Services, Inc.'s Notice of Nondiscrimination** is posted in the following areas:

- ✓ Public area of the agency office
- ✓ Inside vehicles
- ✓ Rider Guides/Schedules

## **Notice of Nondiscrimination**

### **Disabilities Services, Inc.**

- ✓ **Disabilities Services, Inc.** is committed to ensuring that no person is excluded from the participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by **Disabilities Services, Inc.** in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities.
- ✓ Any person who believes they've been aggrieved by any unlawful discriminatory practice may file a complaint with **Disabilities Services, Inc.**
- ✓ For more information on **Disabilities Services, Inc.'s** civil rights program, and the procedures to file a complaint, contact 920-361-3484, (for hearing impaired, please use [Wisconsin Relay 711 - https://wisconsinrelay.com](https://wisconsinrelay.com)); email Dawn Brantley at [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov) ; or visit our administrative office at 222 Leffert Street, Berlin, WI 54923. For more information, visit <https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries>
- ✓ A complaint may also be filed directly with the Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590; Phone: 1-888-446-4511; Email: FTACivilRightsCommunications@dot.gov.
- ✓ If information is needed in another language, contact 920-361-3484.  
Si se necesita informacion en otro idioma de contacto, 920-361-3484.  
Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 920-361-3484.

### **Website Statement:**

**Disabilities Services, Inc.** operates its programs and services without regard to race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in accordance with Title VI of the Civil Rights Act, Americans with Disabilities Act (ADA), and related nondiscrimination authorities. For more information on the **Disabilities Services, Inc.'s** civil rights program, ADA obligations, and the procedures to file a complaint, contact Dawn Brantley, email [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov), (920)361-3484. For hearing impaired, please use Wisconsin Relay 711 service <https://wisconsinrelay.com>.

# Complaint Procedure

## Appendix 2

**Disabilities Services, Inc.** Complaint Procedure is made available in the following locations:

- ✓ Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety
  - ✓ Agency office: 222 Leffert Street, Berlin, Wisconsin 54923
- 

Any person who believes they've been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficient (LEP) by **Disabilities Services, Inc.** may file a complaint by completing and submitting **Disabilities Services, Inc.** Complaint Form.

The Complaint Form may also be used to submit general complaints to **Disabilities Services, Inc.**

**Disabilities Services, Inc.** investigates complaints received no more than 180 calendar days after the alleged incident. **Disabilities Services, Inc.** will process complaints that are complete.

Once the complaint is received, **Disabilities Services, Inc.** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, **Disabilities Services, Inc.** will follow the steps listed in this complaint procedure. **Disabilities Services, Inc.** may also use this formal procedure to address general complaints. If **Disabilities Services, Inc.** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by **Disabilities Services, Inc.** as a civil rights complaint.

**Disabilities Services, Inc.** has **60** business days to investigate the civil rights complaint. If more information is needed to resolve the case, **Disabilities Services, Inc.** may contact the complainant.

The complainant has **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 **10** business days, **Disabilities Services, Inc.** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued 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 or ADA 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, the complainant has **10** business days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 920-361-3484.

Si se necesita informacion en otro idioma de contacto, 920-361-3484.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 920-361-3484.



# Complaint/Comment Form

**Disabilities Services, Inc.** is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at FAX #: 920-361-1195 via email at [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov) or in person at the address below.

**Disabilities Services, Inc.**  
222 Leffert Street  
Berlin, WI 54923

You may also call us at 920-361-3484. Please make sure to provide your contact information in order to receive a response.

## Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
--------------------------------------	---------------------------------------	--	---

Click or tap here to enter text.

## Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

Email Address

Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

### Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Compliment	<input type="checkbox"/> Other
------------------------------------	-------------------------------------	-------------------------------------	--------------------------------

Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Service	<input type="checkbox"/> Income Status
<input type="checkbox"/> Limited English Proficient (L.E.P)		<input type="checkbox"/> Americans with Disability Act (A.D.A)	

### Section D: Comment Details

Please answer the questions below regarding your comment

Did the incident occur on the following type of service? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in the following format: Day, month, year		
What was the time of the occurrence?	Click to add the time		
What is the name or identification of the employee or employees involved?	Click or tap here to enter text.		
What is the name or identification of others involved, if applicable?	Click or tap here to enter text.		
What was the number or name of the route you were on, if applicable?	Click or tap here to enter text.		
What was the direction or destination you were headed to when the incident occurred, if applicable?	Click or tap here to enter text.		
Where was the location of the occurrence?	Click or tap here to enter text.		
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please add any additional descriptive details about the incident.	Click or tap here to enter text.		

In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Click or tap here to enter text.

## Section E: Follow-up

May we contact you if we need more details or information?

Yes

No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

Phone

Email

Mail

If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time

Click here to add your preferred day

## Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

## Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to Disabilities Services, Inc., Dawn Brantley Title VI Coordinator, 222 Leffert Street, Berlin, WI 54923.

Name

Date:  Click to add date in the following format: Day, month, year

Signature

# List of Complaints, Investigations and Lawsuits<sup>1</sup> Appendix 4

**Disabilities Services, Inc.** maintains a log to track and resolve transportation related civil rights complaints, investigations, and lawsuits.

**Check One:**

Since the last update of this Title VI/ADA Nondiscrimination Plan, there has been no transportation related civil rights investigations, complaints, or lawsuits filed with **Disabilities Services, Inc.**

There has been transportation related civil rights investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

Type Complaint Investigation Lawsuit	Date (Month, Day, Year)	Complainant's Name/Address	Basis of Complaint <sup>2</sup>	Summary Complaint Description	Status	Action Taken/ Final Outcome if Resolved

<sup>1</sup> **Lawsuit:** The protected class under Title II is disability. The protected classes under Title VI are Race, Color and Nation Origin.

<sup>2</sup> **Basis of Complaint:** Specify Race, Color, National Origin, Disability, Religion, Sex, Age, Service, Income Status, Limited English Proficient (LEP), Safety, Other

The purpose of the **Public Involvement Plan** is to establish procedures that allow for, encourage, and monitor participation of all citizens within **Disabilities Services, Inc.** service area including but not limited to low income and minority individuals, and those with limited English proficiency (LEP).

While traditional means of soliciting public involvement may not reach such individuals, or might not allow for meaningful avenues of input, the intent of this effort is to take reasonable actions to provide opportunities for historically under-served populations to participate in transportation decision making efforts.

### Goal

The goal of public involvement is to offer real opportunities for the engagement of all citizens within **Disabilities Services, Inc.** service area to participate in the development of plans, programs, and services.

### Strategies

In order to promote inclusive public participation, **Disabilities Services, Inc.** uses the following strategies, as appropriate.

- Coordination and Consultation
  - Coordinate and consult with partners, stakeholders, program participants and their caregivers, and the public affected by the distribution of state and federal transit grant programs.
  - Seek guidance and input from WisDOT on public involvement mechanisms and strategies.
  - Maintain an electronic distribution list of all potential program participants, partners, stakeholders, etc.
- Accessibility and Information
  - Meetings
    - Adhere to state and federal public hearing requirements
    - Provide a general notification of meetings, particularly forums for public input, in a manner that is understandable to all populations in the area.
    - Hold meetings in locations which are accessible and reasonably welcoming to all area residents including, but not limited to, low-income and minority members of the public.
    - Employ different meeting sizes and formats
    - Provide avenues for two-way flow of information and input from populations which are not likely to attend meetings.
  - Make public information available in electronically accessible formats
  - Use social media in addition to other resources 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.

- Timeliness
  - Provide timely information about state and federal grant programs to affected program participants, the public, partner agencies, and other interested parties.
  - Provide adequate notice of public involvement activities and time for public review and comment.
- Public Comment
  - Work openly and diligently to incorporate public comments received and to notify respondents of final plans, reports, programs, etc.
  - Provide for early, frequent, and continuous engagement by the public
- Social/Environmental Justice
  - Seek and consider the needs of those traditionally underserved by participating in outreach efforts that address the needs of minority persons, the elderly, persons with disabilities, limited English Proficient individuals, and low-income households.
  - Determine what non-English languages and other cultural barriers exist to public participation within **Disabilities Services, Inc.** service area.
- Training
  - Participate in training to continuously improve the knowledge and understanding of civil rights and environmental justice principles.
- Evaluation
  - Document and maintain records of public outreach efforts.
  - Review the effectiveness of public participation activities.
  - Seek news ways to providing public input opportunities.

## **Participation Techniques**

**Disabilities Services, Inc.** will use the following participation techniques as deemed appropriate. Participation techniques will be reviewed and modified each year, as necessary. If new techniques are tried and found to be successful, this list will be updated to include the new techniques.

- Booth at Community events (craft fair, festival, farmers market, parades, etc.)
- Advisory meetings and committees
- Direct mailings (letters, fliers, etc.)
- Website and social media
- Project-specific newsletter articles
- Public information meetings
- Legal advertisements
- Presentations to community partners, citizens/residents, etc.
- Press releases, meetings with local media representatives
- Surveys (telephone, internet, and public information meetings)
- Work with partner organizations

## Public Outreach Activities

**Disabilities Services, Inc.** maintains a log/record of the various types of outreach activities it uses to promote inclusive public participation. On an annual basis, **Disabilities Services, Inc.** reviews its log of outreach activities to determine if additional or different strategies are needed to promote inclusive public participation.

The direct public outreach and involvement activities conducted by **Disabilities Services, Inc.** are summarized below. Information collected on the size, location, meeting format, number of attendees, etc. as well as the scope of the distribution method (e.g., information posted to social media, fliers in grocery stores and community centers, etc.) will be used for future planning efforts.

Summary of Outreach Activities					
Event Date	Name of Event/Activity	Date Publicized and Communication Method (Public Notice, Posters, Social Media, etc.)	Outreach Method (Meeting, Focus Group, Survey, etc.)	Staff Members Responsible	Notes
Ongoing	Website, Facebook	Website and Social Media Materials	Website and Social Media Materials	Agency Staff	<a href="https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries/">https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries/</a>
2 times a year	GLC Transportation Coordination Meeting	Public Notice	Meeting	Dawn Brantley	Coordination Plan (includes transportation services, program goals)
Ongoing	DSI Website	Title VI Notice and contact information	Website	Dawn Brantley	<a href="https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries/">https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries/</a>

### **Overview**

As a recipient of federal financial assistance, **Disabilities Services, Inc.** is required to prepare a Limited English Proficiency (LEP) Plan to address its responsibilities relating to the needs of individuals with limited English language skills.

This plan has been prepared in accordance with [Title VI of the Civil Rights Act of 1964, 42 U.S.C 2000d, et seq.](#), and its implementing regulations which state that no person shall be subjected to discrimination on the basis of race, color, or national origin.

[Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency”](#), issued in 2000 clarified Title VI of the Civil Rights Act of 1964. It stated that individuals who do not speak English well and who have a limited ability to read, write, speak, or understand English are entitled to language assistance under Title VI in order to access public services or benefits for which they are eligible. While most individuals in Wisconsin read, write, speak, and understand English, for some individuals English is not their primary language. If these individuals have a limited ability to read, write, speak, or understand English, they are considered Limited English Proficient (LEP).

The US DOT “[Policy Guidance Concerning Recipients’ Responsibilities to LEP Persons](#)” discusses the concept of “safe harbor” with respect to the requirements for translation of written materials. The *Safe Harbor Threshold* is calculated by dividing the population estimate for a language group that “Speaks English less than very well” by the total population of the county. The *LEP Safe Harbor Threshold* provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less, of the population to be served) the **Disabilities Services, Inc.** must provide translation of vital documents (e.g., Notice of Nondiscrimination, Complaint Procedure and Complaint Form) in written format for non-English speaking persons.

Recipients of federal financial assistance are also required to implement LEP plans in accordance with guidelines of the federal agency from which the funds are provided. [FTA Circular 4702.1B – Title VI Requirements and Guidance for FTA Recipients](#) provides guidance and instructions for LEP Plan development.

### **Plan Summary**

**Disabilities Services, Inc.** has developed this *Limited English Proficiency Plan* to identify reasonable steps for providing language assistance to persons with limited English proficiency (LEP) who wish to access services provided by **Disabilities Services, Inc.**

This plan outlines how to identify a person who may need language assistance, how to inform LEP persons language assistance is available, the ways in which assistance may be provided, and staff training.



## **Plan Components**

As a recipient of federal US DOT funding, **Disabilities Services, Inc.** is required to take reasonable steps to ensure meaningful access to programs and activities by LEP persons.

This plan includes the following elements:

1. The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
2. A description of the following:
  - ✓ How language assistance services are provided.
  - ✓ How LEP persons are informed of the availability of language assistance services.
  - ✓ How the language assistance plan is monitored and updated.
  - ✓ How employees are trained to provide language assistance to LEP persons.

### **Meaningful Access - Four Factor Analysis**

To prepare this plan, **Disabilities Services, Inc.** conducted a four-factor analysis which considers the following:

#### **Factor 1 - Demography**

**Number and proportion of LEP persons who may be served or are likely to encounter a Disabilities Services, Inc. program or service.**

This plan uses [US Census Bureau – American Fact Finder \(2011-2015\)](#) language data available by Wisconsin county. More data is available on the [US Census Bureau ACS website](#).

The US Census Bureau – American Fact Finder (2011-2015) data shows there are numerous languages spoken in Green Lake, Fond du Lac, Marquette, and Waushara counties. Some of these languages include Spanish, German, Russian, Polish, Hmong, Chinese, Other Native North American Languages, Arabic, and Tagalog. After English, the second largest language group is Spanish.



**Green Lake County Data**   **Fond du Lac County Data**   **Marquette County Data**   **Waushara County Data**

The Safe Harbor Threshold is calculated by dividing the population estimate for a language group that “speaks English less than very well” by the total population of the county. The LEP Safe Harbor Threshold provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less), **Disabilities Services, Inc.** must provide translation of vital documents in written format for non-English speaking persons.

The following table outlines the number of Spanish speaking individuals that speak English less than ‘very well’ by county.

2011-2015 American Community Survey – 5 Year Estimates		
County	Total Population	Number of Individuals that Speaks English less than 'very well'
		Spanish
Fond du Lac	96,124	1,390
Green Lake	17,986	347
Marquette	14,416	17
Waushara	23,175	449

Source: US Census Data - [Wisconsin Limited-English Proficient \(LEP\) Demographic Data by County \(wisconsin.gov\)](http://wisconsinlimited-english-proficient.lep.demographic.data.by.county.wisconsin.gov)

- ✓ In **Fond du Lac County**, with a population estimate of 96,124, 1,390 persons have identified themselves as Spanish speaking and “speaks English less than very well.”
- ✓ In **Green Lake County**, with a population estimate of 17,986, 347 persons have identified themselves as Spanish speaking and “speaks English less than very well.”
- ✓ In **Marquette County**, with a population estimate of 14,416, 17 persons have identified themselves as Spanish speaking and “speaks English less than very well.”
- ✓ In **Waushara County**, with a population estimate of 23,175, 449 persons have identified themselves as Spanish speaking and “speaks English less than well”.

The Spanish language group in Fond du Lac County is greater than the 1,000 persons threshold of the population. This means **Disabilities Services, Inc.** is required to provide written translation of vital documents (Notice of Non-Discrimination, Complaint Procedure and Complaint Form) in Spanish.

All other language groups listed above are below the Safe Harbor Threshold. This means, at this time, **Disabilities Services, Inc** is not required to provide written translation of vital documents in these languages.

In the future, if **Disabilities Services, Inc.** meets the Safe Harbor Threshold for any language group, it will provide written translation of vital documents in such languages and consider measures needed for oral interpretation.

**Factor 2 – Frequency**

**Frequency of contact with LEP persons.**

**Disabilities Services, Inc.** provides transportation service for **Disabilities Services, Inc.** and in Green Lake, Fond du Lac, Marquette, and Waushara counties.

**Disabilities Services, Inc.** reviewed the frequency with which its staff, policy board, and contractors have, or could have, contact with LEP persons in the conduct of **Disabilities Services, Inc.** activities. This includes a review of documented phone inquiries, office visits, and encounters at public meetings and community events. Within the last year, **Disabilities Services, Inc.** staff, policy board members, and contractors have had zero requests for interpreters and zero requests for translated program documents in any setting.

**Disabilities Services, Inc.** staff, policy board members, will be trained on what to do when they encounter a person with limited English proficiency.

**Disabilities Services, Inc.** tracks the number of encounters and considers adjustments to its outreach efforts to ensure meaningful access to all persons and specifically to LEP and minority populations of **Disabilities Services, Inc's** programs, and services. The *Log of LEP Encounters* is a tool to help track LEP encounters.

### Log of LEP Encounters

Date	Time	Language Spoken By Individual <i>(if available)</i>	Name and Phone Number of Individual <i>(if available)</i>	Service Requested	Follow Up Required	Staff Member Providing Assistance	Notes

If a language barrier were to exist, **Disabilities Services, Inc.** would work to provide a reasonable accommodation. The *“I Speak” Language Identification Card* listed shown below is a document that can be used by **Disabilities Services, Inc.** staff to assist LEP individuals. Additional languages can be added, as needed, to match the demographic changes of **Disabilities Services, Inc.** service area. The languages included in the *“I Speak” Language Identification Card* below represent many of the languages spoken within **Disabilities Services, Inc.** service area.

### “I Speak” Language Identification Card

Mark this box if you speak....	Language Identification Chart	Language
	I speak English	English
	Yo hablo español	Spanish
	Kug has lug Moob	Hmong
	我說中文	Chinese
	E nói tiếng Việt	Vietnamese
	나는한국어를	Korean
	Marunong akong mag-Tagalog	Tagalog
	Ich spreche Deutsch	German
	Я говорю по-русски	Russian
	Ja говорим српски	Serbian
	मैं हिंदी बोलते हैं	Hindi
	میں نے اردو بولتے ہیں	Urdu

**Note:** For additional languages visit the US Census Bureau website <http://www.lep.gov/ISpeakCards2004.pdf>

### **Factor 3 – Importance**

#### **Nature and importance of program to LEPs.**

**Disabilities Services, Inc.** receives federal financial assistance to provide transportation service in the counties of Green Lake, Fond du Lac, Marquette, and Waushara and to purchase vehicles for its program and services for seniors and individuals with disabilities.

**Disabilities Services, Inc.** understands an LEP person with language barrier challenges also faces difficulties obtaining health care, education, access to employment and nutrition meal sites, recreational services, and socialization. Transportation services provides a key role in connecting LEP persons to these essential services.

### **Factor 4 – Resources and Costs**

#### **Resources available and overall cost to provide LEP assistance.**

Given the small size of LEP encounters and small LEP populations, full multi-language translations of our programs and services related to transportation services is not warranted at this time. However, this information can be made upon request. **Disabilities Services, Inc.** will contact state and local units of government and community resources for assistance in translation services.

Even though **Disabilities Services, Inc.** does not have a separate budget for LEP outreach, it continuously explores ways to implement low-cost methods of notifying LEP persons of transportation services. Outreach efforts include maintaining a website, utilizing social media, developing, and printing brochure/materials and having a visible presence in our community (e.g., participating in job fairs, parades, community events, etc.) to promote transportation services. Additional low-cost outreach methods to reach LEP communities include but are not limited to activities such as visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, and local festivals. The cost is relatively low but the ability to reach the LEP population is high.

## **Language Assistance Services**

### **Overview - Language Assistance Services**

If a person does not speak English as their primary language and is LEP, that person may be entitled to language assistance with respect to **Disabilities Services, Inc.’s** programs and services. Language assistance can include interpretation and/or translation from one language into another language.

**Disabilities Services, Inc.** will take reasonable steps to provide the opportunity for meaningful access to LEP individuals who have difficulty communicating in English.

**Disabilities Services, Inc.** strives to offer the following measures when encountering LEP persons:

- ✓ Utilize the “*I Speak*” *Language Identification Card* or posters to identify the language and communication need of LEP persons.
- ✓ Maintain a *Log of LEP Encounters* to capture information on the frequency of contact with LEP individuals to determine whether additional language assistance services are needed.
- ✓ Utilize translation services via the following:
  - Language Line – Online Translation Pro.com
  - Hispanic Resource Center of Fond du Lac, WI/Fond du Lac County

- Multicultural Center
- ✓ Utilize Wisconsin Relay 7-1-1, the state of Wisconsin resource to assist with communication needs for individuals that are deaf, hard of hearing, deafblind, or those with a speech disability <http://www.wisconsinrelay.com/> and <http://www.wisconsinrelay.com/features>
- ✓ Utilize online resources such as Google Translate to assist with the translation of documents. The main downside of this approach is accuracy. As such, this option will be used by **Disabilities Services, Inc.** on limited basis. Instead, **Disabilities Services, Inc.** will seek assistance from fluent speakers.
- ✓ Make translated versions (or provide for the interpretation of relevant sections) of all documents/publications available upon requests, within a reasonable time frame.
- ✓ Prioritize the hiring of bilingual staff, as needed.

### **Public Outreach – Informing LEP Persons of Language Assistance Services**

**Disabilities Services, Inc.** uses the following steps to inform LEP persons of the availability of language assistance services:

- ✓ Posts the Title VI/ADA *Notice of Nondiscrimination* on its website. The notice includes a sentence written in Spanish and Hmong providing instructions on how to contact **Disabilities Services, Inc.** to request information in another language.
- ✓ **Disabilities Services, Inc.** will use the “*I Speak*” *Language Identification Card* to identify the language and communication needs of LEP persons. **Disabilities Services, Inc.** may not be able to immediately accommodate or assist individuals self-identifying as a person not proficient in English but will seek means to follow up with the individual to address their needs in the language requested as soon as possible.
- ✓ Review outreach activities and information gathered from the *Log of LEP Encounters* on the frequency of contact with LEP individuals to determine whether additional language assistance services are needed.
- ✓ Develop and maintain cooperative relationships with key agencies/community organizations that serve LEP populations in the area or region. These entities can assist in providing or verifying translations and/or identifying gaps in assistance to persons with LEP needs.
- ✓ Utilize translation services such as Language Line, Hispanic Resource Center of Fond du Lac, WI/Fond du Lac County, Multicultural Center, etc.
- ✓ Utilize Wisconsin Relay 7-1-1, the state of Wisconsin resource to assist with communication needs for individuals that are deaf, hard of hearing, deafblind, or those with a speech disability <http://www.wisconsinrelay.com/> and <http://www.wisconsinrelay.com/features>

### **Monitoring, Evaluating and Updating the Plan**

**Disabilities Services, Inc.** will review the LEP Plan on an annual basis. Review and updates will include the following:

- ✓ The number of documented LEP person contacts.
- ✓ How the needs of LEP persons have been addressed.
- ✓ Determine whether the need for translation services has changed.
- ✓ Determine with existing language assistance services are effective and sufficient to meet the needs of LEP persons.

- ✓ Determine whether complaints have been received concerning **Disabilities Services, Inc.**'s failure to meet the needs of LEP individuals.
- ✓ Sufficiency of staff training.
- ✓ Review of any new opportunities for LEP communication.
- ✓ Determine whether financial resources are needed to fund language assistance services.

### **Training Staff**

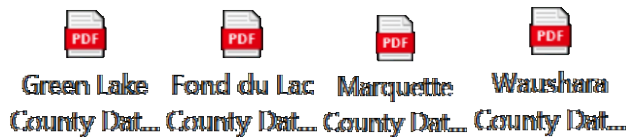
The following training will be provided to **Disabilities Services, Inc.** staff:

- ✓ Information on **Disabilities Services, Inc.**'s Title VI/ADA Non-Discrimination Plan and LEP responsibilities.
- ✓ Description of language assistance services offered to the public.
- ✓ Use of the "I-Speak Card" as a tool to assist LEP individuals.
- ✓ Documentation of language assistance requests using the *Log of LEP Encounters*.
- ✓ How to handle Title VI/ADA Non-Discrimination and LEP complaints.

# Demographic Representation Information<sup>3</sup>

## A. Demographic Representation Table<sup>4</sup>

The table below depicts US Census county population data by race and the **Disabilities Services, Inc.’s** non-elected committees/councils related to transit.



Body	Caucasian	Hispanic/Latino	Black/African American	Asian American	Native American	Two or More Races	No Response
Green Lake County	96.3%	5.7%	1.0%	0.7%	0.8%	1.2%	---
Fond du Lac County	90.3%	5%	1.1%	1.4%	.45%	1.75%	---
Marquette County	93.6%	3.2%	.61%	.44%	.48%	1.67%	---
Waushara County	89.9%	6.2%	1.8%	.37%	.53%	1.2%	---
Green Lake County Transportation Coordination Committee	100%	0%	0%	0%	0%	0%	----
Fox river Industries Board	100%	0%	0%	0%	0%	0%	---
Disabilities Services, Inc. Board	100%	0%	0%	0%	0%	0%	---

## B. Efforts to Encourage Minority Participation

**Disabilities Services, Inc.** understands diverse representation on committees, councils and boards results in sound policy reflective of its entire population. As such, **Disabilities Services, Inc.** encourages participation of all its citizens.

<sup>3</sup> If **Disabilities Services, Inc.** has transit-related, non-elected planning boards, advisory councils or committees, or similar bodies, the membership of which is selected by **Disabilities Services, Inc.**, Title VI regulations require **Disabilities Services, Inc.** to provide a table depicting the membership of those committees broken down by race and a description of efforts made to encourage the participation of minorities on such committees.

<sup>4</sup> County data by race is available at the WisDOT website <https://wisconsindot.gov/Documents/doing-bus/local-gov/astnce-pgms/transit/compliance/title6-race.pdf> or the US Census Bureau website <http://data.census.gov>

As vacancies on non-elected boards, committees and councils become available, **Disabilities Services, Inc.** will make efforts to encourage and promote diversity.

To encourage participation on its boards, committees and councils, **Disabilities Services, Inc.** will continue to reach out to community organizations to connect with all population groups in its service area. In addition, **Disabilities Services, Inc.** will use creative ways to make participating realistic and reasonable, such as scheduling meetings at times best suited to its members.



## ***Demographic Representation Data Collection Form<sup>5</sup>***

**Disabilities Services, Inc.**

Date:

---

Dear Member,

**Disabilities Services, Inc.**, as a recipient of federal funds is required under Title VI of the Civil Rights statute to ascertain the racial/ethnic make-up of any non-elected boards, commissions, councils, etc.

Data from this section is used for statistical and reporting purposes. The information may be subject to disclosure under federal or state law or rule.

### **Anti-Discrimination Notice**

It is unlawful for **Disabilities Services, Inc.** to fail or refuse to provide services, access to services or activities, or otherwise discriminate against an individual because of an individual's race, color, religion, sex, national origin, disability, or veteran status.

As a council under the jurisdiction of **Disabilities Services, Inc.**, we invite council members to voluntarily self-identify their race/ethnicity in order for us to comply with FTA Title VI and LEP requirements. This information will be used according to the provisions of applicable federal and state laws, executive orders, and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes.

### **Race/Ethnicity**

If you choose to self-identify, please mark the **one box** describing the race/ethnicity category with which you primarily identify:

\_\_\_ *Asian or Pacific Islander*: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

\_\_\_ *Black and/or African American* (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

\_\_\_ *Hispanic*: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_ *American Indian or Alaskan Native*: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_ *Caucasian* (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

---

<sup>5</sup> This form is an optional tool **Disabilities Services, Inc.** can use to gather information on the racial composition of its committee members for the purposes of meeting the Title VI/ADA plan requirements.

## Título VI – El aviso de no discriminación a el público<sup>6</sup>

El aviso de no discriminación de la **Disabilities Services, Inc.** es el siguiente:

### El Aviso de no discriminación

#### Disabilities Services, Inc.

- ✓ La **Disabilities Services, Inc.** se compromete a garantizar que ninguna persona sea excluida, participe, se le nieguen los beneficios o se la discrimine por motivos de raza, color, origen nacional, discapacidad, sexo, edad, religión, estado de ingresos o competente limitado del inglés en todos y cada uno de los programas, actividades o servicios administrados por la **Disabilities Services, Inc.** de conformidad con el Título VI de la Ley de Derechos Civiles de 1964 y las autoridades de no discriminación relacionadas.
- ✓ Cualquier persona que crea que ha sido agraviada por práctica discriminatoria ilegal puede presentar una queja con la **Disabilities Services, Inc.**
- ✓ Para obtener más información sobre el programa de derechos civiles de la **Disabilities Services, Inc.**, y los procedimientos para presentar una queja, comuníquese con 920-361-3484, (para personas con problemas de audición, por favor utilice el servicio Wisconsin Relay 711): envíe un correo electrónico a Dawn Brantley [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov) o visite nuestra oficina administrativa a la dirección 222 Leffert Street, Berlin, WI 54923. Para obtener más información, visite <https://www.greenlakecountywi.gov/departments/health-human-services-fox-river-industries>
- ✓ Una demandante puede presentar una queja directamente con la Administración de Federal de Tránsito por presentado una queja con la Oficina de Derechos Civiles, atención: Coordinador del Programa Título VI, East Building, 5<sup>th</sup> Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 920-361-3484.  
Si se necesita informacion en otro idioma de contacto, 920-361-3484.  
Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau 920-361-3484.

El aviso de no discriminación la **Disabilities Services, Inc.** se publica en los siguientes lugares

- ✓ Sitio web de la agencia
- ✓ Áreas públicas de la oficina de la agencia (área común, salas de reuniones públicas, etc.)
- ✓ Vehículos interiores

<sup>6</sup> Las regulaciones del Título VI requieren la **Disabilities Services, Inc.** Informe a los clientes y al público sobre sus derechos bajo el Título VI mediante la publicación de un *Aviso de no discriminación*. El aviso público debe incluir:

- ✓ Una declaración de no discriminación;
- ✓ Información sobre cómo solicitar información adicional sobre las obligaciones del Título VI de la agencia, incluida información sobre cómo presentar una queja, la ubicación del formulario de queja, etc.
- ✓ Información sobre cómo solicitar información del Título VI en otro idioma, si es necesario.

El *Aviso de no discriminación* debe publicarse en los siguientes lugares: sitio web, áreas públicas de las agencias, oficinas, interiores de vehículos, guías / horarios de pasajeros y complejos de tránsito.

## El Procedimiento de Quejas

El Procedimiento de Quejas de la **Disabilities Services, Inc.** está disponible en los siguientes lugares:

- ✓ Sitio web de la agencia, ya sea como referencia en el aviso al público o en su totalidad.
  - ✓ Áreas públicas de la oficina de la agencia (área común, salas de reuniones públicas, etc.)
  - ✓ Disponible en idiomas apropiadas para poblaciones LEP, cumpliendo con el umbral de puerto seguro.
- 

Cualquier persona que crea haber sido discriminado por motivos de raza, color, origen nacional, discapacidad, sexo, edad, religión, estado de ingresos o dominio limitado del inglés (LEP) por parte de la **Disabilities Services, Inc.** puede completar un formulario de queja y entregar el a de la **Disabilities Services, Inc.**

El formulario de queja también se puede usar para entregar quejas generales a la **Disabilities Services, Inc.**

De la **Disabilities Services, Inc.** investiga las quejas recibidas no más de 180 días hábiles después del presunto incidente. De la **Disabilities Services, Inc.** procesará las quejas que estén completas.

Una vez que se recibe la queja, la **Disabilities Services, Inc.** la revisará y trabajará para resolverla de manera informal, si es posible.

Si la queja garantiza un proceso formal de queja de derechos civiles, la **Disabilities Services, Inc.** seguirá los pasos enumerados en este procedimiento de queja. La **Disabilities Services, Inc.** también puede utilizar este procedimiento formal para atender quejas generales. Si la **Disabilities Services, Inc.** determina que tiene jurisdicción, el demandante recibirá una carta de reconocimiento que indica que la queja será investigada por la **Disabilities Services, Inc.** como una queja de derechos civiles.

La **Disabilities Services, Inc.** tiene **60** días hábiles para investigar la queja de derechos civiles. Si se necesita más información para resolver el caso, la **Disabilities Services, Inc.** puede contactar al demandante.

El/La demandante tiene **10** días hábiles a partir de la fecha de la carta para enviar la información solicitada al investigador asignado al caso.

Si el demandante no contacta al investigador o no envía la información adicional dentro de los **10** días hábiles, la **Disabilities Services, Inc.** puede cerrar el caso administrativamente. Un caso puede cerrarse administrativamente también si el demandante ya no desea continuar con su caso.

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

- ✓ Una carta de conclusión resume las acusaciones y establece que no hubo una violación del Título VI que el caso se cerrará.
- ✓ Una carta de descubrimiento resume las acusaciones y las entrevistas con respecto al presunto incidente, y explica si ocurrirá alguna acción disciplinaria, capacitación adicional del miembro del personal u otra acción.

Si el demandante desea apelar la decisión, tiene **10** días hábiles después de la fecha de la carta o la carta de descubrimiento para hacerlo.

Una persona también puede entregar una queja directamente ante la Administración Federal de Tránsito, en la Oficina de Derechos Civiles de la FTA, 1200 New Jersey Avenue SE, Washington, DC 20590.

Si se necesita información en otro idioma de contacto, XXX-XXX-XXXX.

# Disabilities Services, Inc. – Formulario de Complementos/Quejas

La **Disabilities Services, Inc.** Está comprometido a proveer usted con servicios de transportación segura y fiable y queremos sus comentarios. Por favor usa este formulario por sugerencias, quejas y complementos.

Por favor, entregar este formulario electrónicamente a Dawn Brantley [dbrantley@greenlakecountywi.gov](mailto:dbrantley@greenlakecountywi.gov), FAX #: 920-361-1195 o en persona a la dirección debajo.

## Disabilities Services, Inc.

222 Leffert Street  
Berlin, WI 54923

También, puede nos llamar a 920-361-3484. Por favor, provea su información de contacto para recibir una respuesta.

### Sección A: Requisitos de formato accesible

Por favor, verifique el formato preferido para este documento.

<input type="checkbox"/> Letra grande	<input type="checkbox"/> TDD o Relé	<input type="checkbox"/> Grabación de audio	<input type="checkbox"/> Otra (si está seleccionado, indique qué tipo de formato necesita en el cuadro debajo)
---------------------------------------	-------------------------------------	---	--

Haga clic o toque aquí para introducir el texto

### Sección B: Información de contacto

Nombre <input type="text"/>	Número de teléfono (incluyendo el Código de área) <input type="text"/>
Dirección <input type="text"/>	Ciudad <input type="text"/>
Estado <input type="text"/>	Código postal <input type="text"/>

Correo electrónico

¿Está presentado esta queja en su propio nombre?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
--	-----------------------------	-----------------------------

Si no, por favor provea el nombre y la relación de la persona por la que se queja y por qué está completando el formulario en su nombre en el cuadro a continuación.

Por favor, confirme que ha obtenido el permiso del partido agraviado si está completando por un tercer partido.	<input type="checkbox"/> Sí	<input type="checkbox"/> No
---	-----------------------------	-----------------------------

### Sección C: Tipo de comento

¿Qué tipo de comentario estás proveyendo? Por favor, marque qué categoría se aplica mejor.

<input type="checkbox"/> Queja	<input type="checkbox"/> Sugerencia	<input type="checkbox"/> Complemento	<input type="checkbox"/> Otra
--------------------------------	-------------------------------------	--------------------------------------	-------------------------------

¿Cual de los siguiente describe la natura del comentario? Por favor, marque uno o más de las casillas de verificación.

<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Origen Nacional	<input type="checkbox"/> Religión
<input type="checkbox"/> Edad	<input type="checkbox"/> Sexo	<input type="checkbox"/> Servicio	<input type="checkbox"/> Estado de Ingresos
<input type="checkbox"/> Competente limitado del inglés (C.L.I)		<input type="checkbox"/> Ley de estadounidenses con discapacidad (L.E.D.)	

### Sección D: Detalles de comento

Por favor, responda a las preguntas debajo sobre su comentario.

¿Ocurrió el incidente en el siguiente tipo de servicio? Por favor marque cualquier casilla que pueda aplicar.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Taxi compartido	<input type="checkbox"/> Autobús
¿Cuál fue la fecha del suceso?	Haga clic para agregar la fecha en el siguiente formato: Día, mes, año		
¿Cuál fue la hora del suceso?	Haga clic para agregar su hora preferido		
¿Qué es el nombre o la identificación del empleado o empleados involucrados?	Haga clic o toque aquí para introducir el texto		
¿Qué es el nombre o la identificación del otros involucrados, si procede?	Haga clic o toque aquí para introducir el texto		
¿Qué es el numero o el nombre de la ruta en la que estaba, si procede?	Haga clic o toque aquí para introducir el texto		
¿Qué era la dirección o el destino al que se dirigía ocurrió el suceso, si procede?	Haga clic o toque aquí para introducir el texto		
¿Donde estaba la ubicación del suceso?	Haga clic o toque aquí para introducir el texto		
¿El uso de una ayuda de movilidad estuvo involucrado en el suceso?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	

Por favor, añada detalles descriptivos sobre el suceso.

Haga clic o toque aquí para introducir el texto

**En la casilla de baja, por favor explique tan claramente como sea posible lo que ocurrió y por qué cree que fue discriminado.**

Haga clic o toque aquí para introducir el texto

### Sección E: El seguimiento

¿Podemos contactarlo si necesitamos más detalles o información?

Sí

No

**En caso afirmativo, ¿cómo le gustaría ser contactado? Por favor, seleccione su forma de contacto preferida en una casilla de baja.**

Teléfono

Correo electrónico

Correo

**Si prefiere que lo contactemos por teléfono, indique el mejor día y hora para comunicarse con usted.**

Haga clic para agregar su hora preferido

Haga clic para agregar su día preferido

### Sección F: Resultado deseado

**Por favor, haga una lista de baja los pasos le gustaría tomar para que tratar con el conflicto o el problema.**

Haga clic o toque aquí para introducir el texto

**Si aplicable, haga una lista de baja todas las agencias adicionales con las que ha presentado esta queja, como las agencias federales, estatales o locales, o ante cualquier tribunal federal o estatal. Incluya la información de contacto a donde se envió la queja.**

Haga clic o toque aquí para introducir el texto

### Sección G: Firma

**Por favor, adjunte algunos documentos que tenga que apoya la denuncia. Luego, feche y firme este formulario y envíelo a La Disabilities Services, Inc.**

Nombre Haga clic o toque aquí para introducir el texto

Fecha: Haga clic para agregar la fecha en el siguiente formato: Día, mes, año

Firma Haga clic o toque aquí para introducir el texto