

## Notice to Public

Recipients must notify the public of its rights under Title VI and include the notice and where it is posted in the Title VI Program. The notice must include:

- A statement that the agency operates programs without regard to race, color and national origin
- A description of the procedures members of the public should follow in order to request additional information on the grantee's nondiscrimination obligations
- A description of the procedure members of the public should follow in order to file a discrimination complaint against the grantee

The following is **Jewish Family Service's** Title VI notice to the public:

**Jewish Family Service's** operates its transportation programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **Jewish Family Service's Title VI Liaison by email to: ADA-TitleVI@AlpertJFS.org.**

For more information on the **Jewish Family Service's** civil rights program, and the procedures to file a complaint about the transportation program, contact the Title VI Liaison's listed in 2.0 above or search on the website for the Title VI complaint procedures at: [www.AlpertJFS.org](http://www.AlpertJFS.org)

A complainant may file a complaint directly with the Florida Department of Transportation by filing a complaint with the District 4 Title VI Coordinator Nancy Weizman.

Nancy Weizman  
Transit Coordinator - FDOT District 4  
Nancy.Weizman@dot.state.fl.us  
Ph. (954) 777-4605

**<http://www.dot.state.fl.us/equalopportunityoffice/titlevicontacts.shtm>**

A complainant may also file a complaint directly with Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

If information is needed in another language, contact information for language representative.

## Title VI Complaint Form

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Other (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____				
_____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
 Yes                                  No  
 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/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

\_\_\_\_\_ Date \_\_\_\_\_

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

**JEWISH FAMILY SERVICE’S TITLE VI LIAISON**  
 Stephanie Itkin  
 Chief People and Culture Officer  
 5841 Corporate Way, Suite 200 | West Palm Beach, FL 33407  
 Main Office: 561-684-1991 | Direct: 561-713-1861 | Fax: 561-684-1844