
Copa Health, Inc.
Title VI Implementation Plan



June 2019 - June 2022

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Title VI Policy Statement

The Copa Health, Inc. policy assures full compliance with Title VI of the Civil Rights act of 1964 and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any Copa Health, Inc. sponsored program or activity. There is no distinction between the sources of funding.

Copa Health, Inc. also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, Copa Health, Inc. will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When Copa Health, Inc. distributes Federal-aid funds to another entity/person, Copa Health, Inc. will ensure all subrecipients fully comply with Copa Health, Inc.’s Title VI Nondiscrimination Program requirements. The Chief Executive Officer has delegated the authority to Mark Tompert, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.



Shar Najafi-Piper, Ph.D.
Chief Executive Officer

Title VI Notice to the Public

Notifying the Public of Rights Under Title VI Copa Health, Inc.

Copa Health, Inc. operates its programs and services without regard to race, color or 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 Copa Health, Inc.

For more information on Copa Health, Inc.'s civil rights program, and the procedures to file a complaint, contact Mark Tompert at 480-969-3800, (TTY 480-890-7205); email Mark.Tompert@CopaHealth.org; or visit our administrative office at 924 N Country Club Drive, Mesa, AZ 85201. For more information, visit [www.Copa Health, Inc.cr.com](http://www.CopaHealth,Inc.cr.com).

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **City of Phoenix Public Transit Department:** ATTN: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 **FTA:** ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact Mark Tompert at 480-969-3800. Para información en Español llame: Mark Tompert at 480-969-3800

Title VI Notice to the Public -Spanish

Aviso al Público Sobre los Derechos Bajo el Título VI Copa Health, Inc.

Copa Health, Inc. (*y sus subcontratistas, si cualquiera*) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964. El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la Copa Health, Inc.'s programa de derechos civiles, y los procedimientos para presentar una queja, contacte Mark Tompert at 480-969-3800, (TTY 480-890-7205); o visite nuestra oficina administrativa en 924 North Country Club Drive, Mesa, AZ 85201. Para obtener más información, visite www.marccr.com.

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590

The above notices are posted online at www.marccr.com and in all Copa Health, Inc.'s transit vehicles.

Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, as they relate to any program or activity that is administered by Copa Health, Inc. including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other state or federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

Any person who believes s/he has been discriminated against on the basis of race, color, or national origin may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form attached to this procedure.

Formal complaints must be filed within 180 calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainants, or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.

Complaints must be in writing and signed by the complainants and must include the complainants' name, address and phone number. The Title VI contact person will assist the complainants with documenting the issues if necessary.

Allegations received by fax or email will be acknowledged and processed, once the identity of the complainants and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.

Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.

Once submitted agency will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the agency or submitted to the state or federal authority for guidance.

Agency will notify the Title VI Coordinator of all Title VI complaints within 72 hours via telephone at 602-534-3026; email to: PHXTransitEO@phoenix.gov.

Agency has 60 days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 60 business days from the date of the letter 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 40 business days, the Authority 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, s/he will issue one of two letters to the complainant: a closure letter or a letter of finding. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A letter of finding 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, s/he has 30 days after the date of either letter to do so.

A complainant dissatisfied with agency decision may file a complaint directly with the City of Phoenix Public Transit Department, Attention: Title VI Coordinator, 302 N 1st Ave., Ste. 900, Phoenix, AZ 85003 or the Federal Transit Administration offices of Civil Rights: Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

A copy of these procedures can be found at CopaHealth.org.

Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III:		
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
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		

Section VI:		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide any reference information regarding your previous complaint.

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:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below

Signature

Date

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

Copa Health, Inc., Title VI Coordinator

924 North Country Club Drive

Mesa, AZ 85201

480-969-3800

Mark.Tompert@CopaHealth.org

A copy of this form can be found online at www.CopaHealth.org.

**Forma Para Poner una Queja
(De Acuerdo Al Título VI)**

Nota: La siguiente información se necesita para procesar su queja.

Información de la persona que está poniendo la queja:

Nombre: Dirección: _____
Ciudad/Estado/Código Postal: _____
Teléfono(Casa): _____
Teléfono (Trabajo): _____

Persona A La Que Se Discriminó (alguien que no sea la persona que está poniendo la queja)

Nombre: Dirección: _____
Ciudad/Estado/Código Postal: _____
Teléfono(Casa): _____
Teléfono (Trabajo): _____

¿Cuál de las siguientes razones describe por lo que usted siente que se le discriminó?

Raza/Color (Especifique) _____ Nacionalidad (Especifique) _____

¿En qué fecha(s) sucedió la discriminación? _____

Describa la presunta discriminación. Explique qué sucedió y quién cree usted que fue responsable (si necesita más espacio, agregue otra hoja).

Escriba una lista con los nombres de las personas que puedan tener conocimiento de la presunta discriminación y cómo contactarlas.

¿Ha presentado esta queja con otra agencia federal, estatal o local, o con cualquier corte federal o estatal? Marque todas las que apliquen.

Agencia Federal _____ Corte Estatal _____ Corte Federal _____
Agencia Local _____ Agencia Estatal _____

Por favor proporcione información de la persona a la que presentó su queja en la agencia/corte.

Nombre: _____
Dirección: _____
Ciudad/Estado/Código Postal: _____
Teléfono(Casa): _____
Teléfono (Trabajo): _____

Por favor firme abajo. Puede anexar cualquier material escrito u otra información que usted crea que es relevante sobre su queja.

Firma de la Persona que presenta la queja _____
Fecha

Número de Anexos: _____

Someta la forma y cualquier información adicional a:

Copa Health, Inc. Title VI Coordinator
924 North Country Club Drive
Mesa, AZ 85201
480-969-3800
Mark.Tompert@CopaHealth.org

Title VI Investigations, Complaints, and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin or disability)	Status	Action(s) Taken (Final findings?)
Investigations				
1)				
2)				
Lawsuits				
1)				
2)				
Complaints				
1)				
2)				

X Copa Health, Inc. has not had any Title VI complaints, investigations, or lawsuits to the Coordinator’s knowledge.

Public Participation Plan

Copa Health, Inc. Public Participation Plan



Copa Health, Inc. conducts outreach to the public through its programs for people looking for services which include transportation. We also conduct annual surveys of persons served which includes comments on our transportation services. We also participate in the TAP Program with MAG.

Copa Health, Inc. submits to the Arizona Department of Transportation annually an application for funding. Part of the annual application is a public notice, which includes a 30-day public comment period.

Limited English Proficiency Plan

Copa Health, Inc.

Limited English Proficiency Plan

Copa Health, Inc. has adopted the City of Phoenix LEP Plan, which can be viewed on the City's website.

Copa Health, Inc. has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Copa Health, Inc. services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

Copa Health, Inc. provides language and sign language interpreter assistance to any individual than requires these services. Every effort will be made to provide assistance to LEP individuals in any language requested.

Safe Harbor Provision

Copa Health, Inc. complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Title VI Notice
- (2) Complaint Procedures
- (3) Complaint Form

As a nonprofit serving the disabled, Copa Health, Inc. already provides the following to individuals served:

- (1) Free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation

Non-elected Committees Membership Table

A subrecipient who selects the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

Table Depicting Membership of Committees, Councils, Broken Down by Race

Body	Caucasian	Latino	African American	Asian American	Native American
Population	0%	0%	0%	0%	0%
	0%	0%	0%	0%	0%
	0%	0%	0%	0%	0%
	0%	0%	0%	0%	0%

Copa Health, Inc. does NOT select the membership of any transit-related committees, planning boards, or advisory councils.

Monitoring for Subrecipient Title VI Compliance

Copa Health, Inc. does NOT have subrecipients.

Title VI Equity Analysis

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. “Facilities” in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

- Copa Health, Inc. has no storage facilities, maintenance facilities or operation centers.

Board Approval for the Title VI Program

Copa Health, Inc. (then Marc Community Resources, Inc.) Board of Directors met August 2019 to approve a resolution adopting this three-year program. The resolution is posted as required.