

Title VI Program

The University of Texas Health Science Center at Tyler

(also known as UT Health Northeast)

November 16, 2015

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Section 1: Title VI Policy Statement

Policy Statement

The University of Texas Health Science Center at Tyler (also known as UT Health Northeast) Title VI Nondiscrimination Program The University of Texas Health Science Center at Tyler, also known as UT Health Northeast, as a recipient of federal financial assistance, is committed to ensuring that no person on the basis of race, color, or national origin, as protected by Title VI of the 1964 Civil Rights Act (42 USC Section 2000d, et. seq.), and 49 CFR Part 21, both as explained in Federal Transit Administration (FTA) Circular 4702.1B, will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation in any federally or non-federally funded program or activity administered by UT Health Northeast and/or its contractors or subcontractors.

Title VI Coordinator

The UT Health Northeast Title VI Coordinator (“Coordinator”) is authorized to ensure compliance with the provisions of this program and with the law. The Coordinator is responsible for monitoring and ensuring UT Health Northeast’s compliance with Title VI requirements and this program.

TITLE VI Notice to the Public

UT Health Northeast Notice to the Public of Rights under Title VI

- UT Health Northeast operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he or she has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with UT Health Northeast.
- The UT Health Northeast Title VI Coordinator is authorized to ensure compliance with the provisions of this program and with the law. For information on the Title VI program, the procedures to file a complaint, or to file a complaint, please contact:

UT Health Northeast Title VI Coordinator
Human Resources Department
11937 US Highway 271
Tyler, Texas 75708
Phone: 903-877-7740
Fax: 903-877-7729
human.resources@uthct.edu

- A complaint may also be filed directly with the Federal Transit Administration or the Texas Department of Transportation:

Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Texas Department of Transportation
ATTN: PTN
125 E. 11th Street
Austin, Texas 78701-2483

- If information is needed in another language, contact 903-877-7740.
Para información en Español, llame 903-877-7740.
- Notice to the Public of Rights under Title IV information is displayed on the UT Health Northeast shuttle bus as well as on the UT Health Northeast website: <http://www.uthsct.edu>, and in public areas including the reception desk and meeting rooms.

UT Health Northeast
Aviso al Público de Derechos en virtud del Título VI

- UT Health Northeast opera sus programas y servicios, sin distinción de raza, color y origen nacional, de conformidad con el Título VI de la Ley de Derechos Civiles. Cualquier persona que cree que él o ella ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI, puede presentar una queja ante UT Health Northeast.
- El Coordinador UT Health Northeast Título VI está autorizado para garantizar el cumplimiento de las disposiciones de este programa y con la ley. Para obtener información sobre el programa del Título VI, los procedimientos para presentar una queja, o para presentar una queja, por favor póngase en contacto con:

UT Health Northeast Title VI Coordinator
Human Resources Department
11937 US Highway 271
Tyler, Texas 75708
Phone: 903-877-7740
Fax: 903-877-7729
human.resources@uthct.edu

- Una queja también puede ser presentada directamente con la Administración Federal de Tránsito o el Departamento de Transporte de Texas:

Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, DC 20590

Texas Department of Transportation
ATTN: PTN
125 E. 11th Street
Austin, Texas 78701-2483

- Si se necesita información en otro idioma, comuníquese con 903-877-7740.
- Aviso al Público de los Derechos bajo Información Título IV se muestra en el autobús UT Health noreste, así como en la página web de UT Health Noreste: www.uthealth.org, y en las zonas comunes incluyendo la recepción y reunión cuartos.

Title VI Complaint Procedure

If you believe you have been subjected to discrimination under Title VI, you may submit a complaint to UT Health Northeast. Please send your complaint to:

UT Health Northeast Title VI Coordinator
Human Resources Department
11937 US Highway 271
Tyler, Texas 75708
Fax: 903-877-7729
human.resources@uthct.edu

Complaint forms can be obtained at the Coordinator office located at the address above or UT Health Northeast website – www.uthealth.org (see Attachment 1 and Attachment 2).

Title VI Complaint Processing

These procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination.

Any person who, based on race, religion, color, national origin, sex, age, retaliation or disability, believes that he/she has been excluded from participation in, denied benefits or services of any program or activity administered by UT Health Northeast or its contractors or subcontractors may bring forth a discrimination complaint under Title VI. Only complaints based on the complainant's protected status will be considered under Title VI.

The complainant may file a signed, written complaint up to one hundred eighty (180) calendar days from the date of the alleged act of discrimination or the date the person(s) became aware of the alleged act(s) of discrimination. The complaint should include the following information:

- Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.).
- How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
- Other information you think is significant.

UT Health Northeast will begin an investigation within fifteen (15) working days of receipt of a complaint alleging discrimination based on race, color, or national origin, for a service or benefit provided by UT Health Northeast. UT Health Northeast will also provide appropriate assistance to complainants who may be limited in their ability to communicate in English.

UT Health Northeast will notify TxDOT by email within ten (10) working days of any transportation related discrimination complaints filed under Title VI with UT Health Northeast in which UT Health Northeast or its contractors or subcontractors are named as the respondent.

In cases where the complainant is unable or incapable of providing a written statement, a verbal complaint may be made. The Coordinator will interview the complainant and if necessary assist the person in converting verbal complaints to writing. All complaints must, however, be signed by the complainant or his/her representative. Complaints will state, as fully as possible, the facts and circumstances surrounding the alleged discrimination.

UT Health Northeast will contact the complainant in writing no later than thirty (30) working days after receipt of a complaint for additional information, if needed. The complaint will be copied, filed and logged. If the complainant fails to provide the requested information within 10 working days, UT Health Northeast will administratively close the complaint. UT Health Northeast will complete the investigation within ninety (90) calendar days of receipt of a complaint. If additional time is needed for investigation, the complainant will be notified. A written investigation report will be prepared by the Coordinator and include a summary description of the incident, findings and recommended corrective action.

A final written response letter will be provided to the complainant. In the letter notifying the complainant that the complaint is not substantiated, the complainant will also be advised of his/her right to appeal with UT Health Northeast within five (5) working days from receipt of the closing letter or that he/she may file a complaint externally with the Texas Department of Transportation of the U.S. Department of Transportation. If there is no appeal or no findings, the complaint will be closed. If required, the investigation report will be forwarded to the appropriate state or federal agency. UT Health Northeast will maintain all complaints in a record/log which outlines the complaint identifiers as specified by TxDOT.

If information is needed in another language, contact (903) 877-7729.
SI NECESITA INFORMACION EN OTRO IDIOMA LLAME (903) 877-7729.

Title VI Complaint Form

The **UT Health Northeast's** Title VI Complaint form and procedure is available online at www.uthealth.org.



Title VI Discrimination Complaint Form

Mail completed and signed form: Title VI Coordinator, 11937 US Highway 271, Tyler, TX 78701

Last Name		First Name	
Mailing Address		City	State Zip
Telephone		Email Address	
Please indicate the basis of your complaint:			
Date and place of alleged discriminatory action (s). Please include the earliest date of discrimination and the most recent date of discrimination.			
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary).			
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation			
Names of individuals responsible for the discriminatory action(s):			

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- U.S. Department of Transportation _____
- Federal Highway Administration _____
- Federal Transit Administration _____
- Office of Federal Contract Compliance Programs _____
- U.S. Equal Employment Opportunity Commission (EEOC) _____
- U.S. Department of Justice _____
- Other: _____

Have you discussed the complaint with any Travis County representative? If yes, provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

Complainant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Complaint Received: _____ Case#: _____

Processed by: _____ Date Referred: _____

Referred to: USDOT FHWA FTA OFCCP EEOC OTHER _____

<http://www.uthsct.edu>



Forma de Queja Capítulo VI Discriminación

Enviar forma firmada al: Coordinador del Capítulo VI 11937 US Highway 271, Tyler, TX 75708

Apellido		Nombre	
Dirección		Ciudad	Estado
		Código Postal	
Teléfono		Correo Electrónico	
Indica por favor la(s) base(s) de su queja:			
Fecha y lugar de la(s) presunta(s) acción(es) discriminatoria(s). Favor de incluir la primera fecha de la presunta discriminación y la fecha más reciente de la presunta discriminación.			
Como se discriminó contra usted? Describa la naturaleza de la acción, decisión o las circunstancias de la presunta discriminación. Explique, de la manera más clara posible, que sucedió y porque cree usted que su status protegido fue un factor en la discriminación. Incluya como otras personas fueron tratadas de distinta manera que usted. (Adjunte hojas adicionales de ser necesario).			
La ley prohíbe intimidación o represalias contra cualquier persona ya sea por tomar acción o por participar en la forma de acción para asegurar los derechos protegidos por estas leyes. Si usted siente que se han tomado represalias en su contra, aparte de la presunta discriminación mencionada anteriormente, favor de explicar las circunstancias a continuación. Explique la acción que usted tomó y que cree sea la causa de la presunta represalia.			
Nombre de los individuos responsables de la(s) acción(es) discriminatoria(s):			

Nombre de personas (testigos, compañeros de trabajo, supervisores u otros) a quienes podamos contactar para obtener información adicional para respaldar o aclarar su queja: (Adjunte hojas adicionales de ser necesario).

<u>Nombre</u>	<u>Dirección</u>	<u>Teléfono</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alguna vez ha presentado, o tiene la intención de presentar, una queja con respecto a esta situación con cualquiera de las organizaciones que se mencionan a continuación? De ser así, favor de proporcionar las fechas en que se presentaron. Marque todas las que apliquen.

- _____ Departamento de Transporte de los EE.UU
- _____ Administración Federal de Carreteras de los EE.UU. _____
- _____ Administración de Transporte Federal de los EE.UU _____
- _____ Oficina de Programas de Cumplimiento de Contratos Federales de los EE.UU _____
- _____ Comisión para la Igualdad de Oportunidades en el Empleo de los EE.UU _____
- _____ Tribunal Federal o Estatal de los EE.UU _____
- _____ Otros: _____

Ha hablado sobre la queja con algún representante de Travis County? De ser así, favor de proporcionar el nombre y puesto de la persona y la fecha en la que tuvo la conversación.

Explique brevemente que remedio, o acción está usted buscando por la presunta discriminación.

Favor de proporcionar cualquier información adicional y/o fotografías, si son pertinentes, que usted crea ayudarán a la investigación.

No podemos aceptar una queja sin firma. Favor de incluir su firma y la fecha a continuación:

Firma del Demandante: _____ Fecha: _____

UNICAMENTE PARA USO OFICIAL

Fecha de Recibo de Queja: _____ No. de Caso: _____

Procesado por: _____ Fecha Remitida: _____

Remitida a: USDOT FHWA FTA OFCCP EEOC OTHER _____

<http://www.uthct.edu>

List of Transit Related Title VI Investigations, Complaints and Lawsuits

The UT Health Northeast maintains a log of all Title VI investigations, complaints and lawsuits, pertaining to its transit-related activities.

Check One:

There have been no investigations, complaint and/or lawsuits filed against us since the last plan submission.

There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
Lawsuits				
1.				
Complaints				
1.				

Public Participation Plan

Strategies and Desired Outcomes

To promote inclusive public participation, the **UT Health Northeast** will employ the following strategies and activities, as appropriate and identified within this section:

- The distribution of shuttle bus panel cards to all of our outpatient clinics at our Main Campus (including the Main Entrance and the Riter Center) and the Physicians Clinic in North Tyler. This distribution was done in January and then again in July.
- Postcards that were mailed with information about this shuttle service and the routes in early February to the residents in the 75702 zip code.
- Email blasts that were sent on two separate occasions in February to all UT Health Science Center patients for whom we have email addresses.
- A press release that was sent on February 9, 2015, to all print and broadcast media in Tyler, Longview, Jacksonville, Mineola, Lindale, Gladewater and Gilmer.
- A public service announcement (PSA) that was sent in February to local radio stations, such as KTBB (conservative talk radio), 1330 (religious African-American radio station), the Blaze (urban African-American radio), and two Hispanic radio stations.
- A brief story about our shuttle bus that was broadcast on February 9, 2015, on the evening news programs by the local CBS television affiliate (Channel 19). This story was also included on their website.

Language Assistance Plan

UT HEALTH NORTHEAST has determined that transit services, provided by NDMJ, LLC, are available to residents within Smith County. For that reason, Smith County data was reviewed to complete the 4 factor analysis and language assistance plan.

Four Factor Analysis

1. The number or proportion of LEP persons eligible to be served or likely to be countered by a program, activity, or service of the recipient or grantee.

NDMJ staff has reviewed the 2010 U.S. Census Report's American Community Survey and determined that of the total Smith County Population, including the City of Tyler, there are approximately 209,714 residents. Of those 209,714 residents, approximately 69% [145,618] reside in the rural areas of Smith County. Of the 145,618 residents, 98.2% speaks English very well and approximately 1.8% speaks English less than very well. The Texas state average is 92.9%. The Smith County area is somewhat above the state average. Of the total 209,714 residents in Smith County, 80.7% speaks only English, 16.8% speaks Spanish or Spanish Creole and 2.5% speaks other languages.

2. The frequency with which LEP individuals come in contact with the program.

Both UT HEALTH NORTHEAST and the NDMJ have reviewed the frequency with which staff and drivers have, or could have, contact with LEP persons. This included documenting phone inquiries and surveying vehicle operators. Historically, UT HEALTH NORTHEAST has had few requests for interpreters and few requests for translated program documents (1 to 2 year). Staff and vehicle operators have had very little to no contact with LEP persons.

3. The nature and importance of the program, activity, or service provided by the recipient to people's lives.

There is no large geographic concentration of any type of LEP individuals in UT HEALTH NORTHEAST service area. The majority of the total population, 80.7 % in the Smith County area, speaks only English. As a result, there are few social, service, professional and leadership organizations within the Smith County service area that focus on outreach to LEP individuals. The UT HEALTH NORTHEAST patient administrative and clinical staff and the NDMJ dispatch personnel and bus/van drivers are most likely to encounter LEP individuals through bus/van rides, office visits, phone conversations, and attendance at Board/Council meetings. Future plans to include LEP in outreach materials and programs are under consideration by UT HEALTH NORTHEAST and NDMJ.

4. The resources available to the recipient and costs.

UT HEALTH NORTHEAST and NDMJ have reviewed:

1. Available resources that could be used for providing LEP assistance.
2. Which of its documents would be the most valuable to be translated if the need should arise.
3. The inventory of available organizations that could be partnered with for outreach and translation efforts.

UT HEALTH NORTHEAST and NDMJ have employees that speak Spanish and English and are available as interpreters as needed. UT HEALTH NORTHEAST and NDMJ will continue to provide a diverse workforce to provide LEP persons with interpreter services. Language assistance will

be provided in accordance with UT Health Northeast's IHOP 10_14, Limited English Proficiency-Interpreter Services, copy attached.

UT HEALTH NORTHEAST and NDMJ will use the following guidelines to assist persons with limited English proficiency.

1. UT HEALTH NORTHEAST and NDMJ will utilize staff to assist with language needs.
2. If an interpreter is needed immediately, in-person or on the telephone, staff can be contacted with this request.
3. UT HEALTH NORTHEAST has added to its webpage the Title IV Policy and Complaint Procedures.
4. UT HEALTH NORTHEAST will educate its staff on the following procedures.
 - a. Understanding the Title VI Policy and LEP responsibilities;
 - b. Documenting language assistance requests
 - c. The procedure if a Title VI and/or LEP complaint is filed.
 - d. Training regarding Title VI and language assistance will be conducted periodically.

UT HEALTH NORTHEAST will review the LEP Plan periodically and update it as needed. Otherwise, it will be reviewed every three years.

Limited English Proficient (LEP) Resource Materials:

***"I Speak"* Language Identification Card**

Mark this Box if you speak...	Language Identification Chart	Language
	Mark this box if you read or speak English	English
	Marque esta casilla si lee o habla español	Spanish
	Kos lub voj no yog koj paub twm thiab hais lus Hmoob	Hmong
	如果说中国在方框内打勾	Chinese
	Xin ñaùnh daáu vaø oâ naøy neáu quyù vò bieát ñoïc vaø noui ñöôic Vieät Ngöô.	Vietnamese
	당신이한국어말할경우이 상자를표시	Korean
	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	Tagalog
	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen	German
	Отметить этот флажок, если вы говорите по-русски	Russian
	Означите ову кућицу ако говорите српски	Serbian
	आप हिंदी बोलते हैं तो इस बक्से को चिह्नित करें	Hindi
	پر نشان لگائیں تو اس باکس بولتے ہیں اردو اگر آپ	Urdu

Minority Representation Information

UT Health Northeast does not have a transit-related, non-elected planning board, advisory council, or committee.

Sub-recipients, Subcontracts, and Vendors

All sub-recipients, subcontractors, and vendors related to the implementation of UT Health Northeast public transportation services are subject to the provisions of Title VI of the Civil Rights Act of 1964 as amended. Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

Official Approval of Title VI Nondiscrimination Program

As President of The University of Texas Health Science Center at Tyler (also known as UT Health Northeast) and on behalf of The University of Texas System Board of Regents pursuant to Regents Rule 10501, I hereby approve the above revised Title VI Nondiscrimination Program. An earlier version was approved by the Executive Cabinet at UT Health Northeast and adopted effective January 21, 2015, and subsequently revised on June 3, 2015, which I also approved.



Kirk A. Calhoun, President

November 16, 2015

Date