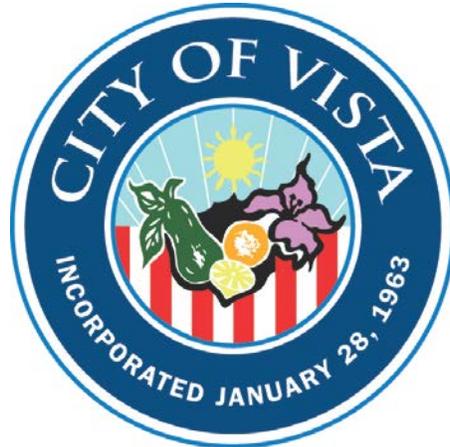


# City of Vista



## LIMITED ENGLISH PROFICIENCY (LEP) PLAN

**Approved by City of Vista City Council:  
June 10, 2014**

**200 Civic Center Dr.  
Vista, CA 92084  
(760) 726-1340  
[www.cityofvista.com](http://www.cityofvista.com)**

## 1. **Overview**

In accordance with federal guidelines, the City of Vista will ensure all reasonable efforts are made to provide language assistance to LEP individuals, including applicants, recipients and individuals eligible for Federally-funded programs and other programs offered by the City of Vista. Executive Order 13166 issued on 8/11/2000, mandates the reduction of language barriers which may be a violation of Title VI. These federal regulations require that the recipient take appropriate steps to ensure that grantees have an effective way of communicating with beneficiaries, and members of the public who are limited in English proficiency.

## 2. **Meaningful Access: Four Factor Analysis**

To determine the extent to which LEP services are required and in which languages, the law requires the analysis of four factors. The following sections address each of these with respect to the City of Vista planning area.

### A. *Factor 1: Review of LEP Populations*

Understanding the needs of the community begins with identifying the number of Limited English Proficiency (LEP) persons eligible to be served, likely to be served, or likely to be encountered by City of Vista through its programs, services, or activities.

Methodology for Data Sources: To determine potential LEP needs in the City of Vista planning area, staff will review the latest data available through the US Census Bureau American Community Survey.

### B. *Factor 2: Assessing Frequency of Contact with LEP Persons*

The frequency with which LEP persons using a particular language come into contact with any programs, activities or services in the City of Vista.

Methodology:

Survey and collect data from receptionists and other front line staff to determine the frequency of contact with LEP persons, as well as the languages spoken.

### C. *Factor 3: Assessing the Importance of the City of Vista's Services*

The nature and importance of the City of Vista's various programs, activities, or services to the LEP persons' life.

D. *Factor 4: Determining Available Resources*

The City of Vista's resources and the cost of providing meaningful access. Reasonable steps may cease to be reasonable where the costs imposed substantially exceed the benefits.

**Safe Harbor Provisions**

The Federal Department of Transportation has adopted the Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for Federal Funding recipients regarding translation of written materials for LEP populations.

*"The 'Safe Harbor Provision' as defined by Department of Justice, stipulates that if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations."*

**3. Language Assistance**

Individuals who do not speak English as their primary language and have limited reading, speaking, or understanding of the English language may be an LEP person and may be entitled to language assistance in the City of Vista. This may include interpretation, which means oral or spoken transfer of information from one language to another, and translation, which means the written transfer of information from one language to another. The City of Vista will use the Four Factor Analysis to determine if assistance is needed and reasonable. The City of Vista will take reasonable steps to provide the opportunity for meaningful access to LEP persons. If an individual is in need of language assistance and the City of Vista has determined that the individual has Limited English Proficiency and language assistance is needed to provide meaningful access, the City of Vista will make reasonable efforts to provide free language services.

**Written Translation**

The City of Vista will weigh the costs and benefits of translating for potential LEP groups, considering the expense of translating the documents, the barrier to meaningful translation or interpretation of technical information, the likelihood of frequent changes in documents, the existence of multiple dialects within a single language group, the apparent literacy rate in an LEP group and other relevant factors. The City of Vista will undertake this examination when an eligible LEP group constitutes 5% of an eligible client group. When the City of Vista determines that translation is necessary

and appropriate, it will translate selected documents of vital importance, as appropriate.

### **Formal Interpreters**

When necessary to provide meaningful access for LEP persons, the City of Vista will provide qualified interpreters, including agency staff members, if available. At important stages that require one on one contact, written translation and verbal interpretation services may be provided, consistent with the four factor analysis. An interpreter may be used to confirm that the interpreter understood the subject matter communicated and rendered a competent interpretation and will not disclose non-public information without written authorization from the LEP person.

### **Informal Interpreters**

Informal interpreters may include family members, friends, legal guardians, service representatives, or advocates of LEP persons. The City of Vista will determine whether or not it is appropriate to rely on informal interpreters, depending on the circumstances and subject matter of communication. An LEP person may use an informal interpreter of the LEP person's own choosing and their expense, either in place or as a supplement to the free language assistance offered by the City of Vista. If an LEP person prefers an informal interpreter, after the City of Vista has offered free interpretation services, the informal interpreter may interpret.

## **4. Ongoing Monitoring and Training**

The City of Vista will review and, if necessary, revise this LEP plan bi-annually. The review will include but not necessarily be limited to:

A. Americans With Disabilities Act and Section 504 of The Rehabilitation Act of 1973  
Accessibility Plan: The City of Vista maintains an accessibility plan which is designed to minimize barriers that are created by architectural factors, environmental factors, and communication barriers such as language. This plan is reviewed and updated, if necessary, bi-annually. The plan is analyzed for trends and patterns that may indicate a need for additional services.

B. Employee Training: The City of Vista trains all staff to utilize the list of bilingual employees when interpretation services are needed. If interpretation is needed for another language, staff are trained to utilize the Language Line. Receptionists and other front line staff are specially trained to connect participants with language needs to either informal or formal interpretation services, based on the situation. They are also trained to know which documents have been translated and to track requests for other language services.

**5. This Limited English Proficiency (LEP) Plan will be:**

- A. Distributed to all management staff, and will be made available on the agency's internal server such that it may be reviewed and periodically updated, as necessary;
- B. Posted in the Human Resources Offices;
- C. Posted on the City of Vista's website ([www.cityofvista.com](http://www.cityofvista.com)) so that it is available for access at all times;
- D. Explained in new employee orientation and/or training sessions for new and existing employees by supervisors and other staff who need to communicate with LEP persons.

**6. Requests for Language Services**

Requests for interpretation services may be made in person at the time the individual presents at the City offices or when a phone call is received. For interpretation at public meetings, the City of Vista requests at least 48 hours notice to make reasonable accommodations. Requests can be made to the clerk/secretary of the respective meeting, as noted on the meeting agenda.

Requests for City documents to be translated may be made by completing an ADA Access Request Form. The City of Vista will weigh the costs and benefits of translating the documents as detailed in Section 3 of this plan.

**7. Complaint Procedures**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of Vista may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The complaint should be submitted by the complainant or the complainant's authorized representative as soon as possible but no later than 60 calendar days after the alleged violation to:

Jodi Vinson, Human Resources Manager/ADA Coordinator/Title VI Coordinator  
200 Civic Center Drive, Vista, CA 92084  
jvinson@cityofvista.com  
Tel: 760.639-6145 | Fax: 760.639.6146 | Free Relay Service: 711

Within 15 calendar days after receipt of the complaint, Jodi Vinson or her designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, Jodi Vinson or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or

audio tape. The response will explain the position of the City of Vista and offer options for substantive resolution of the complaint.

If the response by Jodi Vinson or her designee does not satisfactorily resolve the issue, the complainant and her designee may appeal the decision within 15 calendar days after receipt of the response to the City Manager or the City Manager's designee (collectively, "City Manager").

Within 15 calendar days after receipt of the appeal, the City Manager will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the City Manager will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by Jodi Vinson or her designee, appeals to the City Manager, and responses from these two offices will be retained by the City of Vista for at least three years.



City of Vista  
Human Resources - ADA Office

File #:
Date:
Staff:
Closed:

### ADA Access Request Form

1. Type of Request:  Curb Ramp  Parking  Sidewalk  Bus Stop  Facility  Program

Other: \_\_\_\_\_

2. Affected Department(s) & Program: \_\_\_\_\_

3. Requestor:  Employee  Citizen  Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Concern:  
\_\_\_\_\_  
\_\_\_\_\_

5. Requested Accommodation/Corrective Action:  
\_\_\_\_\_  
\_\_\_\_\_

6. Investigation Results/Special Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Action Taken/Time Schedule:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Communications with Department & Requestor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This notice is available in an alternate format.  
Please contact the ADA Coordinator (760) 639-6145.

Approved: August 2010

## The City of Vista Title VI Complaint Form

### COMPLAINT FORM

<b>Section I: Please write legibly</b>		
1. Name:		
2. Address:		
3. Telephone:	3.a. Secondary Phone <i>(Optional)</i> :	
4. Email Address:		
5. Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
6. Are you filing this complaint on your own behalf?	YES*	NO
*If you answered "yes" to #6, go to Section III.		
7. If you answered "no" to #6, what is the name of the person for whom you are filing this complaint? Name:		
8. What is your relationship with this individual:		
9. Please explain why you have filed for a third party:		
10. Please confirm that you have obtained permission of the aggrieved party to file on their behalf.	YES	NO
<b>Section III:</b>		
<b>11. I believe the discrimination I experienced was based on (check all that apply):</b>		
<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex
<input type="checkbox"/> Age		
12. Date of alleged discrimination: <i>(mm/dd/yyyy)</i>		
13. 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 attach additional sheets of paper.		

## The City of Vista Title VI Complaint Form, Page 2

### COMPLAINT FORM

<b>Section IV:</b>		
14. Have you previously filed a Title VI complaint with the City of Vista?	YES	NO
<b>Section V:</b>		
15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> YES* <input type="checkbox"/> NO If yes, check all that apply: <input type="checkbox"/> Federal Agency _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> Local Agency _____ <input type="checkbox"/> State Court _____		
16. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		Email:
<b>Section VI:</b>		
Name of Transit Agency complaint is against:		
Contact Person:		
Telephone:		

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

Signature and date are required below to complete form:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

City of Vista  
 Attn: Human Resources, Human Resources Manager/ADA Coordinator/Title VI Coordinator  
 200 Civic Center Drive  
 Vista, CA 92084

## Formulario de Quejas del Título VI

### FORMULARIO DE QUEJAS DEL TÍTULO VI

<b>Sección I: Favor de escribir en letra redonda para que sea legible</b>		
1. Nombre:		
2. Dirección:		
3. Teléfono:	3.a. Teléfono secundario (Opcional):	
4. Correo electrónico:		
5. ¿Requisitos de formato accesible?	<input type="checkbox"/> Letra más grande	<input type="checkbox"/> Audio casete
	<input type="checkbox"/> TDD	<input type="checkbox"/> Otros
<b>Sección II:</b>		
6. ¿Está entablando esta queja por parte suya?	SÍ*	NO
*Si contestó "SÍ" pase al #6, pase a la Sección III.		
7. Si contestó "no" a #6, ¿cuál es el nombre de la persona para quién está entablando la queja? Nombre:		
8. ¿Qué relación tienen con esta persona?:		
9. Por favor indique el motivo por el cual está actuando a nombre de otra persona:		
10. Por favor confirme que tiene el permiso de la parte agraviada para actuar a su nombre.	SÍ	NO
<b>Sección III:</b>		
11. Pienso que se fui discriminado por motivo de (marcar con un cheque todo lo que corresponde):		
<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Origen nacional
<input type="checkbox"/> Religión	<input type="checkbox"/> Discapacidad	<input type="checkbox"/> Edad
12. Fecha de la supuesta discriminación: (mes/día/año completo)		
13. Explique detalladamente lo que pasó y por qué piensa que fue discriminado. Describa a todas las personas involucradas. Incluya los nombres y datos de contacto de la persona(s) que lo discriminó (si lo sabe), así como los nombres y datos de contacto de cualquier testigo. Si necesita más espacio para escribir, por favor adjunte hojas de papel adicionales.		

## Página 2—Formulario de Quejas del Título VI

### FORMULARIO DE QUEJAS DEL TÍTULO VI

<b>Sección IV:</b>		
14. ¿Alguna vez ha entablado una queja del Título IV en las oficina de City of Vista?	SÍ	NO
<b>Sección V:</b>		
15. ¿Ha entablado esta queja ante otra oficina federal, estatal o local, o ante un tribunal federal o estatal? <input type="checkbox"/> SÍ* <input type="checkbox"/> NO Si contestó SÍ, indique cuáles: <input type="checkbox"/> Agencia federal _____ <input type="checkbox"/> Agencia estatal _____ <input type="checkbox"/> Tribunal federal _____ <input type="checkbox"/> Agencia local _____ <input type="checkbox"/> Tribunal estatal _____		
16. Si contestó SÍ la pregunta número 15, proporcione los datos de contacto para la persona encargada de la agencia/tribunal donde entabló la queja.		
Nombre:		
Cargo:		
Agencia:		
Dirección:		
Teléfono:		Correo electrónico:
<b>Sección VI:</b>		
Nombre de la agencia de tránsito contra quien se entabla la queja:		
Persona de contacto:		
Teléfono:		

Puede adjuntar cualquier documento escrito u otra información que piensa que puede ser relevante para la queja.

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Por favor de entregar en persona o enviar por correo este formulario a la siguiente dirección:

City of Vista  
 Attn: Human Resources, Title VI Coordinator  
 200 Civic Center Drive  
 Vista, CA 92084