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Purpose

The purpose of this plan is to take reasonable steps to provide meaningful access to Limited English Proficiency persons seeking to use the Cleveland Airport System and to further Cleveland Airport System’s commitment to equity. This Limited English Proficiency Plan is enacted in compliance with 49 CFR Part 21, Nondiscrimination in Federally-Assisted Programs of the Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964.

The Cleveland Airport System (CAS) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and opportunities to participate in our services, activities, and programs. CAS staff shall provide language assistance services to LEP individuals seeking to use airport services, activities, and programs whenever a LEP person requests language assistance services.

The plan includes an assessment of the LEP needs of the area, an explanation of the steps that are currently being taken to address these needs, and the steps planned for the future to ensure meaningful access to the transit programs by persons with LEP.

Terms & Definitions

**Airport Ambassadors**: Volunteers, many of whom have had successful careers in a variety of fields, provide information and assistance to customers that visit CLE. The Airport Ambassadors are easily identifiable by their gold shirts or jackets and friendly smiles, and are the first to welcome travelers to and from Cleveland.

**Bilingual**: the ability to speak fluently, and communicate directly and accurately, in both English and another language.

**BKL**: Burke Lakefront Airport

**CAS**: The Cleveland Airport System.

**CLE**: Cleveland Hopkins International Airport

**Direct Communication**: Monolingual communication in a language other than English between qualified City employees/representatives and LEP individuals.

**Foreign Language**: A language that is not widely or officially spoken in a particular place.

**Google Translator**: Google’s free service used to instantly translate words and phrases between English and 100 other languages. [https://translate.google.com](https://translate.google.com)

**I Speak Cards**: A document with various languages and images used to assist foreign language speakers with airport inquiries.

**Interpretation**: The act of listening to a communication in one language and orally converting it to another language, while retaining the same meaning.

**Ipad**: A tablet designed by Apple Inc. used by Terminal Services to access Google Translator and other helpful information as needed by airport customers.
Language Assistance Services: The provision of interpretation and/or translation services to customers who are LEP.

Language Bank: An established list of CLE airport employees that speak a foreign language(s) and volunteered to assist customers with airport inquiries.

LEP Persons: Individuals who do not speak English as their primary language and those who have a limited ability to read, write, speak, or understand English.

Primary Language: The language in which an individual is most effectively able to communicate.

Translation: The replacement of written text from one language into an equivalent written text in another language.

DPC: Department of Port Control

Analysis and Procedure

Analysis

According to the most recent U.S. Census Bureau data, the Cleveland Airport system has a limited LEP population. The surrounding Hispanic population has increased between 2016 and 2020 and there has been significant increase in the Indo European population as well. The census data below represents the five counties surround the airport.

<table>
<thead>
<tr>
<th>LANGUAGE SPOKEN AT HOME</th>
<th>Cuyahoga County, Ohio</th>
<th>Geauga County, Ohio</th>
<th>Lake County, Ohio</th>
<th>Lorain County, Ohio</th>
<th>Medina County, Ohio</th>
<th>Total of all Five Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian and Pacific Island languages</td>
<td>1.8%</td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.8%</td>
<td>0.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Arabic</td>
<td>1.29%</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>1.30%</td>
</tr>
<tr>
<td>Other languages</td>
<td>1.6%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other Indo European languages</td>
<td>4.5%</td>
<td>11%</td>
<td>3.5%</td>
<td>1.5%</td>
<td>2.3%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Spanish</td>
<td>4.3%</td>
<td>1.1%</td>
<td>3.3%</td>
<td>4.4%</td>
<td>1.1%</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

* Value greater than zero but less than half unit of measure shown
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

Language Assistance Measures

The CAS will take reasonable steps to provide the opportunity for meaningful access to LEP persons who have difficulty communicating in English. These steps will include:
Greet foreign language speakers with enhanced patience, sensitivity, and customer care;

i. Discern words and phrases and determine spoken language;
ii. Use I Speak Cards whereas individuals can identify their spoken language;
iii. Use Google Translator on specified IPad(s) if unable to determine spoken language and/or to assist with customer inquiry;

Once language is determined, use the established Language Bank and transfer the customer to the noted individual that can best assist in their spoken language.

CAS is in the process of procuring a Language Interpretation Services that will be used for conference interpreting services and instant translator through telephone interpreters.

If available and when appropriate, escort inquiring customers to a known individual that can assist the customer in their spoken language.

Staff Training

CAS will provide copies of this program to its departments and to airport tenants for the purposes of training airport employees in the assistance of LEP persons.

Monitoring and Updating the Program

Periodically CAS will conduct an evaluation of the program to determine its overall effectiveness, and make adjustments and updates to the program as determined to be necessary.

Complaint Procedures

Complaints and inquiries from CAS staff, tenants and the public should be directed to:

W. Ryan Veney  
Manager of Compliance and Inclusion  
Cleveland Airport System  
5300 Riverside Drive  
PO Box 81009  
Cleveland, Ohio 44181-0009  
Or by email to: wveney@clevelandairport.com

It is recommended that the attached Title VI Complaint Form be used for complaints. Please see (ENCLOSURE A)

For assistance after normal business hours or on weekends and holidays, please contact:

* Airport Operation – (216) 265-6090
* Security – (216) 898-5207
* Police – (216) 265-4888
Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age of Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance. The Department of Transportation also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

1. **Basis of Complaint:**
   Identify the basis on which you believe the discrimination intimidation or retaliation occurred.

   - **Race:** Belonging to a certain race or because of certain characteristics associated with race
   - **Religion:** Religious/Spiritual beliefs
   - **Retaliation:** Retaliation for filing a discrimination complaint or for opposing illegal discriminatory practices
   - **National Origin:** National birth site – may also include person’s language, accent or race
   - **Sex:** Male or female, masculine or feminine, gender identity and pregnancy
   - **Color:** Color of skin, including shade of skin within group
   - **Age:** Over 40

2. **Complainant Information/Your Information:**

   Complainant Name: ____________________________
   Email Address: _______________________________
   Address: ________________________State: ___________Zip: ___________
   City: ________________________________
   Home Phone (include area code) _________________
   Cell Phone (include area code) ___________________
   Business Phone (include area code) _______________

3. **What are the most convenient time and way for us to contact you about this complaint?**
4. Are you represented by an attorney in this matter?

5. Please provide information about person(s) who experienced the prohibited discrimination, intimidation or retaliation, if different from complaint filer (Attach additional sheets if necessary):

6. Please provide information about the person(s) who performed the alleged prohibited act(s) (Attach additional sheets if necessary):
7. Explain the events that took place and why you believe you or another person were subject to discriminating, intimidating or retaliating act(s). For example, indicate who was involved and how another person treated you differently than others.
   (Attach additional sheets, if necessary, also a copy of written materials that support your complaint.)

8. When and where did the alleged discrimination, intimidation or retaliation take place?
   Provide date(s), time(s) and location(s).

9. Supporting Contacts/Witnesses – List any person(s) – witnesses, fellow employees, supervisors, passengers or others whom we may contact for additional information to support your complaint (Attach additional sheets if necessary).
10. Do you have any additional information that is relevant to the investigation of your complaint?

11. What remedy are you seeking?

12. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaint(s) with our office or another office/entity in the Department of Transportation (federal, state, local, airport, transit, highway or maritime).

☐ YES
☐ NO

If yes, please provide the information in an attachment to this document.
13. Signature and Date (signature is required to process this complaint):

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Submit this signed and dated form or your letter containing the same information and signature and date to the address below:

W. Ryan Veney  
Manager, Office of Compliance and Inclusion Title VI Compliance Coordinator  
Cleveland Airport System  
5300 Riverside Drive  
PO Box 81009  
Cleveland, Ohio 44181-0009

Or Email – wveney@clevelandairport.com