

**Johnson City MTPO
Title VI Complaint Form**

The purpose of this form is to assist you in filing a Title VI complaint against the Johnson City MTPO, a department of the City of Johnson City. Signed, written complaints should be submitted to:

**Human Resources Director
City of Johnson City
601 East Main Street
Johnson City, TN 37601
(Telephone: 423-434-6016)**

If you are not satisfied with the results of the investigation of your complaint by the City of Johnson City, or you wish to file immediately with another agency, you may use this form to file a Title VI complaint with the Civil Rights Division of the Tennessee Department of Transportation, or the Federal Highway Administration. Addresses for these agencies are:

Attention: Title VI Program Coordinator
Office of Civil Rights
Federal Highway Administration
1200 New Jersey Avenue, SE
8th Floor E81-314
Washington, DC 20590
Telephone: 202-366-0693
Email: CivilRights.FHWA@fhwa.dot.gov

Office of Civil Rights, Title VI Division
Attention: Title VI Program Director
Tennessee Department of Transportation
Suite 1800, James K. Polk Building
505 Deaderick St
Nashville, TN 37243
Telephone: 615-741-3681
Email: Cynthia.Howard@tn.gov

You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used. **A written complaint must be filed within 180 days after the date of the alleged discrimination**, unless the time for filing is extended by the Federal Transit Administration.

If you need this complaint form/information provided in an accessible format, please indicate: Large Print _____ Audio tape _____ TDD _____ Another language (please specify): _____ Other _____

TITLE VI COMPLAINT INFORMATION

1. * State your name and address.

Name: _____
Address: _____
_____ Zip _____
Telephone No:
Home: (____) _____ Work (____) _____

2. * Person(s) discriminated against, if different from above:

Name: _____
Address: _____
_____ Zip _____
Telephone No:
Home: (____) _____ Work (____) _____
Please explain your relationship to this person(s).

3. * Agency and department or program that discriminated:

Name: _____
Any individual if known: _____
Address: _____
_____ Zip _____
Telephone No: (____) _____

4A. * Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the bases(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

4B. * Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and or/provide information about your complaint:

Name: _____

Telephone No: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone No: (____) _____

8. * To your best recollection, on what date(s) did the alleged discrimination take place? Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

10. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/ Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Do you have any other information that you think is relevant to our investigation of your allegations?

12. What remedy are you seeking for the alleged discrimination?

13. Have you (or the person discriminated against) filed the same or any other complaints with other Federal offices?

Yes _____ No _____

If yes, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address of agency _____

Zip _____

Telephone No of agency _____

Date of Filing: _____

Briefly, what was the complaint about?

What was the result?

14. SIGNATURE (A complaint that has not been signed cannot be accepted.)

(Signature)

(Date)

Please feel free to attach additional explanatory sheets.

