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: TDOT.Title.VIProgram@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.

n you need this complaint form/i	iniornation provided i	in an accession	e iorniai, piease
ndicate: Large Print	Audio tape	TDD	Another
anguage (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: ()
	Telephone No: ()
trea bel	services or in other discriminatory actions of the department or agency in its atment of you or others? If so, please indicate below the bases(s) on which you lieve these discriminatory actions were taken (e.g., "Race: African American" or ex: Female").
	Race/Color:
	National origin:
	Sex:
	Age:
	Disability:
the bel	. * Employment: Does your complaint concern discrimination in employment by e department or agency? If so, please indicate below the base(s) on which you lieve these discriminatory actions were taken (e.g., "Race: African American" or ex: 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:

Na	me 	Address		Area Code/ Telephone #
10.		ny persons (witnesses, om we may contact for		
9.	happened, and how y Be sure to include ho	clearly as possible wou were discriminated wo other persons were to if necessary and a e.)	against. Indicate w reated differently fr	who was involved. om you. (Please
	Most recent	date of discrimination: _		
8.	* To your best recolle place? Earliest date	ction, on what date(s) d	id the alleged discri	imination take
		Zip		
	Name:			
7.)ey representing you con vide the following:		raised in this

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 a vector
	Address of agency
	Zip Telephone No of agency)
	receptions to or agency
	Date of Filing:
	Briefly, what was the complaint about?
	What was the result?
l 4 .	SIGNATURE (A complaint that has not been signed cannot be accepted.)
	(Signature) (Date)

Please feel free to attach additional explanatory sheets.