

## **Title VI Complaint Process:**

### **1. Complaint Submittal:**

Any person who believes he/she has been subjected to discrimination prohibited by Title VI may file a written complaint with the Clarksville MPO. The complaint should include the name, address, phone number and signature of the complainant. A formal complaint should describe the alleged discriminatory act that violates Title VI in detail. The complaint must be filed within 180 calendar days of the alleged incident. (The **Title VI Complaint Form is in Appendix C** and is available in the MPO office or on the MPO website under the Title VI heading [www.cuampo.com](http://www.cuampo.com) in English and Spanish).

### **2. Complaint Processing:**

When a complaint is received, the Title VI Coordinator will assign a case number, construct a case file and maintain a log of the complaint and any appeals. The initial report will be forwarded to KYTC and/or TDOT, depending in which state the offense occurred, within seven (7) working days.

The Title VI Coordinator will review the complaint information ask for any additional information if necessary. If the complaint is filed against a sub-recipient of the MPO, then a copy of the complaint will be forwarded to KYTC and/or TDOT Title VI Coordinator.

### **3. Investigation:**

The Title VI Coordinator will initiate the investigation by first contacting the complainant by telephone within three (3) workdays of receiving the assignment to set up an interview. The complainant will be informed that they have a right to have a witness or representative present during the interview and may submit additional documentation he/she perceives as relevant to proving his/her complaint. The Title VI Coordinator will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned. The Coordinator will contact the complainant at the conclusion of the investigation, but prior to writing the final report and give the complainant an opportunity to give a rebuttal statement only at the end of the investigation process.

### **4. Final Report and Resolution:**

The investigation will be completed and a final report will be sent to KYTC and/or TDOT, the alleged discriminatory sub-recipient, and the complainant within sixty (60) calendar days of the date the complaint was received. The final report will include the following:

- a. The written complaint containing the allegation, basis, and date of filing;

- b. Summarized statements taken from witnesses;
- c. Finding of facts;
- d. Opinion (based on all evidence in the record) that the incident is substantiated or unsubstantiated;
- e. Remedial actions for substantiated cases.

After the investigation has been completed, the Title VI Coordinator will prepare and submit a report of the findings of fact and a recommended action to KYTC and/or TDOT. The Title VI Coordinator will send to the complainant a letter based on the investigations findings. The letter will either explain the steps to be taken to come into compliance with Title VI or state that the complaint is unfounded and that the MPO is in compliance with Title VI. This letter will include a detailed explanation and also include notification of the complainant's appeal rights.

If corrective actions are recommended for an alleged discriminatory sub-recipient, he/she will be given thirty calendar days to inform the Title VI Coordinator of the actions taken for compliance. All corrective actions must be made within sixty days from the date of the actual recommendation. If the recommended corrective actions have not been taken within 30 day time period allowed, the sub-recipient will be found to be in noncompliance with Title VI and a referral will be made to KYTC and/or TDOT for enforcement action.

#### 5. Appeals Procedures:

The letter of finding will offer the complainant the opportunity to provide additional information that would lead the MPO to reconsider its conclusions. After reviewing this information, the MPO will respond either by issuing a revised letter of finding to the complainant or by informing the complainant that the original letter of finding remains in force.

# CLARKSVILLE MPO TITLE VI COMPLAINT FORM:

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements?	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			YES*	NO
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining.				
<b>Section III.</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
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 was a factor in the discrimination. (Attach additional pages if necessary)				
_____				
_____				
_____				
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 use the back of this form.				
_____				
_____				
_____				
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. Tell what action you took which you believe was the cause for the alleged retaliation. (Attach additional pages if necessary)				
_____				
_____				
_____				

Name of individuals, agency, or department responsible for the discriminatory action(s):

NAME:	ADDRESS:	PHONE:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

NAME:	ADDRESS:	PHONE:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

Photographs submitted with complaint?  Yes  No

**Section IV:**

Have you previously filed a Title VI complaint with this agency?	YES	NO
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Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  
 Yes  No  
If yes, check all that apply:  
 Federal Agency: \_\_\_\_\_  Federal Court \_\_\_\_\_  
 State Agency: \_\_\_\_\_  State Court \_\_\_\_\_  
 Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Section V:**

Do you have an attorney regarding this matter?  yes  no  
If yes, please provide attorney's contact information.

Name of Law Firm: \_\_\_\_\_  
Name of Representing Attorney: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Clarksville MPO Title VI Coordinator  
329 Main Street  
Clarksville, TN 37040

# FORMULARIO DE QUEJA CLARKSVILLE MPO TITLE VI:

<b>Sección I:</b>				
Nombre:				
Dirección:				
Teléfono (Hogar):		Teléfono (Trabajo):		
Dirección de correo electrónico:				
Formato accesible	Letra grande		Cinta de audio	
Requisitos?	TDD		Otro	
<b>Sección II:</b>				
¿Está presentando esta queja en su propio nombre?			SI*	NO
* Si respondió "sí" a esta pregunta, vaya a la Sección III.				
Si no es así, proporcione el nombre y la relación de la persona por la que se queja.				
<b>Sección III.</b>				
Creo que la discriminación que experimenté se basó en (marque todo lo que corresponda): <input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen Nacional Fecha de presunta discriminación (mes, día, año): _____				
Incluya la fecha más temprana de discriminación y la fecha más reciente de discriminación. _____				
¿Cómo te discriminaron? Describa la naturaleza de la acción, decisión o condiciones de la supuesta discriminación. Explique lo más claramente posible qué sucedió y por qué cree que su estado de protección fue un factor en la discriminación. (Adjunte páginas adicionales si es necesario) _____ _____ _____				
Describa a todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de las personas que lo discriminaron (si se conoce), así como los nombres y la información de contacto de los testigos. Si necesita más espacio, utilice el reverso de este formulario.				
La ley prohíbe la intimidación o la represalia contra cualquier persona porque él o ella ha tomado medidas, o ha participado en acciones, para garantizar los derechos protegidos por estas leyes. Si				

considera que ha recibido represalias por separado de la discriminación que se alega anteriormente, explique las circunstancias. Indique qué acción tomó y cuál cree que fue la causa de la supuesta represalia. (Adjunte páginas adicionales si es necesario) \_\_\_\_\_

Nombre de los individuos, agencia o departamento responsable de la (s) acción (es) discriminatoria (es):

NOMBRE:	DIRECCIÓN:	TELÉFONO:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Nombres de personas / testigos u otras personas con quienes podamos comunicarnos para obtener información adicional para respaldar o aclarar su queja. (Adjunte páginas adicionales si es necesario)

NOMBRE:	DIRECCIÓN:	TELÉFONO:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Por favor, proporcione cualquier información adicional y / o fotografías, si corresponde, que considere que ayudarán en la investigación. (Adjunte páginas adicionales si es necesario)

Fotografías enviadas con queja?  Si  No

**Sección IV:**

¿Ha presentado anteriormente una queja del Título VI con esta agencia? SI NO

¿Ha presentado esta queja ante cualquier otra agencia federal, estatal o local, o ante cualquier tribunal federal o estatal?

Si  No

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal: \_\_\_\_\_  Tribunal Federal: \_\_\_\_\_

Agencia Estatal: \_\_\_\_\_  Corte Estatal: \_\_\_\_\_

Agencia Local: \_\_\_\_\_

Proporcione información sobre una persona de contacto en la agencia / corte donde se presentó la queja.

Nombre:

Título:

Agencia:

Dirección:

Teléfono:
Sección V:
¿Tiene usted un abogado para este asunto? [ ] Si [ ] No
En caso afirmativo, proporcione la información de contacto del abogado.
Nombre de la firma de abogados:
Nombre del Abogado Representante:
Dirección de envío:
Número de teléfono:

Puede adjuntar cualquier material escrito u otra información que considere relevante para su queja.

Firma y fecha requerida a continuación:

\_\_\_\_\_

Firma

\_\_\_\_\_

Fecha

Envíe este formulario en persona a la dirección que figura a continuación o envíe este formulario a:

Clarksville MPO Título VI Coordinador  
 329 Main Street  
 Clarksville, TN 37040