

Title VI DISCRIMINATION COMPLAINT FORM

Alexander County

Complaint Form



Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, disability, income-level, or limited English proficiency may file a written complaint with the Alexander County Title VI Coordinator within 180 days after the discrimination occurred.

Last Name:	First Name:	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Mailing Address:	City:	State:	Zip Code:
Home Telephone:	Work/Cell Phone:	Email Address:	

Identify the Category of Discrimination:

- RACE COLOR NATIONAL ORIGIN LIMITED ENGLISH PROFICIENCY
 RELIGION DISABILITY SEX INCOME LEVEL AGE

NOTE: Religion is covered as a basis only under NCDOT's Right of Way Unit (Fair Housing) and Public Transportation and Aviation Division.

Identify the Race of the Complainant:

- Black White Hispanic Asian American
 American Indian Alaskan Native Pacific Islander Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination:

Names of individuals responsible for the alleged discriminatory action(s):

How were you allegedly 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 (basis) was a factor in the discrimination. Include how other persons were treated differently from you. Attach additional page(s) if necessary.

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The law prohibits intimidation or retaliation against anyone because he/she either has taken action, or participated in action, to secure rights protected by these laws. If you feel you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation. Attach additional page(s) if necessary.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support to clarify your complaint: Attach additional page(s) if necessary.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- Federal Highway Administration _____
- Federal Transit Administration _____
- Federal Motor Carrier Safety Administration _____
- US Department of Transportation _____
- Federal or State Court _____
- NC Department of Transportation _____
- Other _____

Have you discussed the complaint with any Alexander County representative? If yes, provide the name, position, and date of discussion.

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Please provide any additional information that you believe would assist with an investigation.

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

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AN UNSIGNED COMPLAINT WILL NOT BE ACCEPTED. PLEASE SIGN AND DATE THE FORM BELOW.

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:

Alexander County
Title VI Coordinator
621 Liledoun Rd
Taylorsville, NC 28681
(828) 632-9332

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Referred to: _____

Date Referred: _____