

Joseph G. Butler
Carroll County Mayor

EQUAL OPPORTUNITY
TITLE VI POLICY STATEMENT

It is the policy of the Carroll County Government to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR. Part 21; related statutes and regulations to the end that no person shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the U.S. Department of Transportation on the grounds of race, color, sex or national origin.


Carroll County Mayor

ANY PERSON
WHO BELIEVES HE OR SHE HAS
BEEN DISCRIMINATED AGAINST
SHOULD CONTACT:

Adriana Ezell - PAYROLL ADMINISTRATOR
CARROLL COUNTY MAYOR'S OFFICE
625 HIGH ST. SUITE 101
HUNTINGDON, TN 38344
(731)986-1936

9/1/2018

DATE

Discrimination Complaint Form

Title VI and ADA

| | | |
|---|--------------------------------------|--|
| Section I: | | |
| Name: | | |
| Address: | | |
| Telephone (Home): | Telephone (Work): | |
| Electronic Mail Address: | | |
| Accessible Format Requirements? | <input type="checkbox"/> Large Print | <input type="checkbox"/> Audio Tape |
| | <input type="checkbox"/> TDD | <input type="checkbox"/> Other |
| Section II: | | |
| Are you filing this complaint on your own behalf? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| <i>*If you answered "yes" to this question, go to Section III.</i> | | |
| If not, please supply the name and relationship of the person for whom you are complaining. | | |
| Please explain why you have filed for a third party: | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Section III: | | |
| 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 <input type="checkbox"/> Disability |
| Date of Alleged Discrimination (Month, Day, Year): _____ | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. 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. | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Section IV: | | |
| Have you previously filed a Discrimination Complaint with this agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide any reference information regarding your previous complaint.

Section V:

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 VI:

Name of agency complaint is against: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature

Date

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

**Carroll County Government
Adriana Ezell Payroll Clerk Title VI Coordinator
625 High Street Suite 101 Huntingdon, TN 38344
731-986-1936
aezell@carroll.tn.org**

A copy of this form can be found online at carrollcountyttn.gov

City/Town of...

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Gobierno del condado de Carroll asegura el cumplimiento del Título VI del Acto de Derechos Civiles de 1964; 49 CFR, Parte 21, relacionados estatutos y normas para asegurar que ninguna persona sea excluida o discriminada, o que se le nieguen los beneficios de cualquier programa o actividad la cual reciba ayuda financiera federal del Departamento de Transporte de los Estados Unidos sin importar su raza, color, sexo, o origen nacional.

Any person who believes he or she has been discriminated against can file a complaint with the appropriate agency:

Cualquier persona quien crea que ha sido discriminada puede presentar una queja ante la agencia correspondiente:

**TN Department of
Transportation
505 Dederick Street
Suite 1800,
James K. Polk Building
Nashville, TN 37243
888.370-3647**

**TN Human Rights
Commission
William T. Snodgrass
Building TN Towers
312 Rosa Parks Avenue
23rd Floor, Nashville
TN 37243
800.251.3589**

**FHWA Office of Civil
Rights
1200 New Jersey
Avenue, S.E.
8th Floor E81-314
Washington, DC 20591
202-366-0693**

**FTA Office of Civil
Rights
Title VI Coordinator
East Building, 5th Floor -
TCR,
1200 New Jersey
Avenue, S.E.
Washington, DC 20590
888-446-4511**

**Carroll County Government
625 High Street Suite 101
Huntingdon, TN 38344**