

FAYETTE COUNTY TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination in any program, service, or activity receiving federal assistance.”

This form may be used to file a complaint with Fayette County based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information may be submitted to file your complaint. Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 day period, you have 60 days after you became aware to file your complaint.

If you need assistance completing this form, please contact Wade Walling by phone at (765) 825-9422 or via e-mail at *ema@co.fayette.in.us*.

Name: _____ Date: _____

Street Address: _____

County: _____ State: _____ Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (other)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: _____ Date: _____

Street Address: _____

County: _____ State: _____ Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (other)

Please explain your relationship with the individual(s) indicated above:

Name of agency and department or program that discriminated:

Agency or department name: _____

Name of individual (if known): _____

FAYETTE COUNTY TITLE VI COMPLAINT FORM (CONTINUED)

Date(s) of alleged discrimination:

Date discrimination began _____ Last or most recent date _____

ALLEGED DISCRIMINATION: If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

Race Color Religion National Origin Age Sex

Disability Income Other (please specify) _____

Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination (attach additional sheets, if necessary, and provide a copy of written material pertaining to your case).

Signature: _____

Please return completed form to:

Wade Walling, Fayette County Title VI Coordinator
500 N. Central Avenue
Connersville, IN 47331
Phone: (765) 825-9422
Fax: (765) 825-6420
E-mail: ema@co.fayette.in.us

Note: Fayette County prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the County. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.

COMPLAINANT CONSENT/RELEASE FORM

Name <i>(first, middle, last)</i>	Telephone number () -
Address <i>(number and street, city, state, ZIP code)</i>	
Case number(s) <i>(if known)</i>	
<p>As a complainant, I understand that during an investigation it may become necessary for Fayette County to reveal my identity to individuals outside of Fayette County Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for Fayette County to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by Fayette County.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p> <p><input type="checkbox"/> CONSENT _____</p> <p>I have read and understand the above information and authorize Fayette County to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize Fayette County to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p> <p><input type="checkbox"/> CONSENT DENIED _____</p> <p>I have read and understand the above information and do not want Fayette County to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without Fayette County making a determination in my case.</p>	
Signature	Date <i>(month, day, year)</i>

VOLUNTARY TITLE VI PUBLIC INVOLVEMENT SURVEY

As a recipient of federal funds, the Indiana Department of Transportation (INDOT) is requiring local agencies to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid highway programs and activities (23 CFR §200.9(b)(4)). Fayette County is distributing this voluntary survey to fulfill that requirement to gather information about the populations affected by proposed projects.

You are not required to complete this survey. Submittal of this information is voluntary and anonymous. This form is a public document that Fayette County will use to monitor its programs and activities for compliance with Title VI and the Civil Rights Act of 1964, as amended, and its related statutes and regulations.

You may return the survey by folding it and placing it on the registration table or by mailing or e-mailing it to the address below.

Date: (month, day, year)	
Meeting:	
<input type="checkbox"/> County Commission	<input type="checkbox"/> County Council
<input type="checkbox"/> Board of Zoning Appeals	<input type="checkbox"/> Plan Commission
<input type="checkbox"/> Other (please specify) _____	
Proposed Project Location:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Do You Have a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	National Origin: <input type="checkbox"/> USA <input type="checkbox"/> Other _____
Race: (Check one or more)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multiracial
English Proficiency: (Check all that apply to members of your household relative to ability to speak English)	
<input type="checkbox"/> Speak English "very well or well"	<input type="checkbox"/> Speak English "not well"
<input type="checkbox"/> Speak English "not at all"	
<input type="checkbox"/> Primary Non-English Language Spoken _____	<input type="checkbox"/> Only English is Spoken in our Household
Age:	
<input type="checkbox"/> Under 18 years	<input type="checkbox"/> 18-39
<input type="checkbox"/> 40-65	<input type="checkbox"/> 65 or over
Household Income:	
<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> \$15,000-24,999
<input type="checkbox"/> \$25,000-34,999	<input type="checkbox"/> \$35,000-49,999
<input type="checkbox"/> \$50,000-74,999	<input type="checkbox"/> > \$75,000

If you have any questions regarding Fayette County responsibilities under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act, please contact:

Wade Walling, Title VI Coordinator
 ema@co.fayette.in.us
 Phone: (765) 825-9422.