

Discrimination prohibited by Title VI



There are many forms of illegal discrimination based on race, color, or national origin that limited the opportunity of minorities to gain equal access to services and programs. Among other things, in operating a federally assisted program, a recipient cannot, on the basis of race, color, or national origin, either directly or indirectly:

- Deny program services, aids, or benefits
- Provide a different service, aid, or benefit, or provide them in a manner different than they are provided to others; or
- Segregate or separately treat individuals in any matter related to the receipt of any services, aid, or benefit

Programs or services include but are not limited to:

- ◆ Transportation
- ◆ Construction
- ◆ The distribution of benefits and services
- ◆ Tax Benefits enjoyed by private agencies, fraternal and non-profit organizations (i.e. 501 (c)3) as well as education institutions
- ◆ Location of facilities
- ◆ Law enforcement
- ◆ Program effects on people in applicable communities
- ◆ Healthcare (i.e. Medicare, Medicaid, TennCare), social services and public welfare
- ◆ Natural resources and the environment
- ◆ Employment and job training
- ◆ Housing and community development
- ◆ Agriculture



Title VI Federal-aid Contract Provisions:

All Federal-aid contracts must include Title VI contract assurance language which requires compliance with Title VI of the Civil Rights Act of 1964. Federal-aid contractors may not discriminate in selection & retention of first-tier subcontractors; subcontractors may not discriminate in the selection & retention of second-tier subcontractors who participate in Federal-Aid Highway construction; and contractors and subcontractors cannot discriminate in their employment practices in connection with highway construction projects or projects assisted by Federal Highway Administration.

How to file a complaint

You may file a signed, written complaint 180 days to the date of the alleged discrimination. The complaint should include:

- ◆ Your name, address and telephone number.
- ◆ The name and address of the agency, institution, or department you believe discriminated against you.
- ◆ How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination, and any other relevant information.
- ◆ The names of any persons, if known, who the TDOT Title VI Division could contact for clarity of your allegations.

Your complaint must be signed and dated.



Please submit your complaint to the address stipulated below:

Tennessee Department of Transportation
Title VI Director
505 Deaderick Street, Suite 1800
Nashville, TN 37243-0347
Telephone: (615) 741-3681
Fax: (615) 741-3169
Toll Free: 1-888-370-3647
TTY Relay: 1-800-848-0298

For a printable complaint form visit our website:

WWW.TENNESSEE.GOV/TDOT/CIVIL-RIGHTS/TITLEVI



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Tennessee Department of Transportation

CIVIL RIGHTS OFFICE

Title VI Program

Title VI of the Civil Rights Act of 1964
Environmental Justice
Limited English Proficiency



WWW.TENNESSEE.GOV/TDOT/CIVIL-RIGHTS/TITLEVI

Coordinator

Kelly Rider

615-859-0596

CITY OF RIDGETOP
**TITLE VI COMPLAINTS
POLICY & PROCEDURES**

Title VI complaints must be submitted *in writing, signed,* and submitted within 180 calendar days of the alleged discriminatory act. The complaint may be filed with the allegedly discriminating agency, the Tennessee Human Rights Commission (THRC), the relevant state agency, or the relevant federal agency.

The following information should be included in a Title VI complaint:

- The name, address, and telephone number of the complaining party. **The complaint must be signed and filed within 180 calendar days of the alleged discriminatory act.** If you are filing on behalf of another person, include your name, address, telephone number and your relation to that person (for example: friend, attorney, parent, etc.).
- The name and address of the agency, institution, or department alleged to have committed the discriminatory act.
- How, why, and when the discriminatory act(s) occurred. Please include as much background information as possible about the alleged acts of discrimination. Include names of individuals involved in the discrimination, if you know them, as well as any other relevant information.
- The names, addresses, and phone numbers of any witnesses, if known, that the investigating agency may contact for additional information to support or clarify your allegations.
- The complaint should be sent to the City of Ridgetop Title VI Coordinator at City Hall, 1730 Hwy 41S, P. O. Box 650, Ridgetop, TN 37152
- The Tennessee Human Rights Commission's (THRC) Title VI Compliance Program will be notified of any complaints within ten (10) business days of receipt.

DISCLAIMER: Please do not submit confidential information, such as your Social Security Number, Driver's License number, or birthdate with your Title VI Complaint.

Upon receipt of the complaint, the City of Ridgetop Title VI staff will evaluate jurisdiction, the need for additional information, and investigate the merit of the complaint. If the complaint is filed by an internal party, City of Ridgetop does not have jurisdiction and will

forward it to the appropriate agency having jurisdiction to review it.

If City of Ridgetop has jurisdiction to investigate, City of Ridgetop will investigate and adjudicate the complaint and notify parties of the final decision in writing. If the investigation indicates that a violation did not occur, City of Ridgetop will notify the parties of the final decision in writing.

In order to be accepted, a complaint must meet the following criteria:

- a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
- b. The allegation(s) must involve a covered basis such as race, color, national origin
- c. The allegation(s) must involve a program or activity of a Federal-aid recipient, sub-recipient, or contractor

A complaint may be dismissed for the following reasons:

- a. The complainant requests the withdrawal of the complaint
- b. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
- c. The complainant cannot be located after reasonable attempts.

If complainant is not satisfied with the results of the investigation, the complainant may appeal to the appropriate Federal agency.

Complainants also have the option to file a complaint directly with THRC or the appropriate Federal or State agency within 180 days of the alleged discrimination. THRC may be reached by phone at (615) 741-5825 or toll free at 1(800) 251-3589 or at:

William R. Snodgrass Tennessee Tower
312 Rosa L Parks Ave, 23rd Floor
Nashville, TN 37243

For more information regarding City of Ridgetop Title VI program, please contact:

City of Ridgetop Title VI Coordinator:

Kelly Rider
1730 Hwy 41S
Goodlettsville, Tennessee 37072
Phone: (615) 859-0596
kelly.rider@ridgetoptn.org

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:

**CITY OF RIDGETOP
KELLY RIDER, CITY RECORDER
P O BOX 650, RIDGETOP, TN 37152
615-859-0596
KELLY.RIDER@RIDGETOPTN.ORG**

A copy of this form can be found online at **RIDGETOPTN.ORG**