



City of Erin

P.O. BOX 270
ERIN, TENNESSEE 37061



931-289-4108
Fax: 931-289-5436

CITY OF ERIN NONDISCRIMINATION COMPLAINT PROCEDURE

These procedures apply to all complaints filed under Title VI of the Civil Rights Act of 1964, relating to any program or activity administered by the **CITY OF ERIN** or its sub-recipients, consultants, and/or contractors. Intimidation or retaliation of any kind is prohibited by law.

These procedures do not deny the right of the complainant to file formal complaints with other State or Federal agencies, or to seek private counsel for complaints alleging discrimination. These procedures are part of an administrative process that does not provide for remedies that include punitive damages or compensatory remuneration for the complaint.

Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation meeting(s) between the affected parties and the Title VI Coordinator may be utilized for resolution, at any stage of the process. **The Title VI Coordinator will make every effort to pursue a resolution of the complaint.** Initial reviews with the complainant and the respondent will request information regarding specifically requested relief and settlement opportunities.

PROCEDURES

1. Any individual, group of individuals, or entity that believes that they have been subjected to discrimination prohibited by Title VI nondiscrimination provisions may file a written complaint with the **CITY OF ERIN** Title VI Coordinator. A formal complaint must be filed within **180 calendar days** of the **alleged occurrence** or **when the alleged discrimination became known** to the complainant. The complaint must meet the following requirements.
 - a. Complaint shall be in writing and signed by the complainant(s).
 - b. Include the date of the alleged act of discrimination (date when the complainant(s) became aware of the alleged discrimination; or the date on which the conduct was discontinued or the latest instance of the conduct).
 - c. Present a detailed description of the issues, including the names and job titles of those individuals perceived as parties in the complained-of incident.
 - d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have been established. The complainant is required to mail a signed, original copy of the fax or e-mail transmittal for the **CITY OF ERIN** to be able to process it.
 - e. Allegations received by telephone will be reduced to writing and provided to the complainant(s) for confirmation or revision before processing.
Note: **A complaint form will be forwarded to the complainant(s) for**

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This institution is an equal opportunity provider.

him/her to complete, sign, and return to the Subrecipient for processing.

2. Upon receipt of the complaint, the Title VI Coordinator will determine its jurisdiction, acceptability, and needed for additional information, as well as investigate the merit of the complaint if appropriate. Complaints against the **CITY OF ERIN** will be referred to the appropriate State or Federal agency for proper disposition pursuant to their procedures.
3. 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.
4. 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 questions for additional information needed to process the complaint.
 - c. The complainant cannot be located after reasonable attempts.
5. Once the **CITY OF ERIN** decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within **7 calendar days**. The complaint will receive a **case number** and will then be logged into the **Sub-recipient** records identifying its basis and alleged harm.
6. In cases where the **CITY OF ERIN** assumes the investigation of the complaint, the **CITY OF ERIN** will provide the respondent with the opportunity to respond to the allegations in writing. The respondent will have **10 calendar days** from the date of the **CITY OF ERIN** written notification of acceptance of the complaint to furnish his/her response to the allegation.
7. The **CITY OF ERIN** final investigative report and a copy of the complaint will be forwarded to the appropriate **State and Federal Agency** and affected parties with **60 calendar days** of the acceptance of the complaint.
8. The **CITY OF ERIN** will notify the parties of its final decision.
9. If the complainant is not satisfied with the results of the investigation of the alleged discrimination and practices the complainant will be advised of the right to appeal to the appropriate State or Federal Agency.



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Discrimination Complaint Form

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

Complainant's Name: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number(s): _____

1. Person discriminated against (if someone other than the complainant)

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

2. What is the name and location of the institution or agency that you believe discriminated against you?

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

3. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race (Specify) _____

b. Color (Specify) _____

c. National Origin (Specify) _____

4. What date did the alleged discrimination take place? _____

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible. _____

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Discrimination Complaint Form – Continued

6. Have you tried to resolve this complaint through the internal grievance procedures at the institution or agency? _____ Yes _____ No

If yes, what is the status of the grievance? _____

7. Name and title of the person who is handling the grievance procedure.

Name: _____

Title: _____

8. 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: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

9. Do you intend to file this complaint with another agency? _____ Yes _____ No

If yes, when and where do you plan to file the complaint?

Date: _____

Agency: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number: _____