

City of Morganton

Title VI Complaint Procedure

City of Morganton is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964.

If you feel that you have been discriminated against, please provide the following form with the necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call Andy Smith, Risk Management Coordinator, at (828) 438-5279. Once completed, return a signed and dated copy to:

City of Morganton

Title VI Coordinator

P.O. Box 3448

Morganton, NC 28680

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call (828) 438-5279.

City of Morganton
Title VI Complaint Form

Name: _____

Address: _____

Telephone: _____ Telephone: _____
(Home/Cell) (Work)

Email Address: _____

Accessible Format Requirements? (please circle) Yes No
TDD Large Print Audio Recording Other?

Are you filling this complaint on your own behalf? Yes* No

*If you answered "Yes" to this question, go the next section.

Name and Relationship of the person for whom you are complaining.

Name: _____ Relationship: _____

Please explain why you have filed for another party:

Please confirm that you have the permission Yes No
to file this complaint for the aggrieved party.

I believe the discrimination I experienced was based on:

(circle all that apply) -Race -Sex -Color -National Origin
-Religion -Disability -Income-Level -Age -Limited English Proficiency

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.

Have you filed this complaint with any other Federal, State, or Local agency, or with any Federal or State court?

Yes

No

If yes, please circle 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: _____

To protect your rights, your complaint must be filed within **180 days** following the date of the alleged discrimination. Failure to file within **180 days** may result in dismissal of the complaint.

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and Date are required to file a completed complaint form.

Signature: _____ Date: _____

Please submit this form in person, or mail this form to:

City of Morganton

Attn: Title VI Coordinator

P.O. Box 3448

Morganton, NC 28680-3448