



HOUSTON-GALVESTON AREA COUNCIL

COMPLAINT NO. \_\_\_\_\_

### Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of **race, color, or national origin**, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Environmental Justice component of Title VI guarantees fair treatment for all people and provides for H-GAC, to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations, such as undertaking reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information H-GAC provides.

H-GAC works to ensure nondiscriminatory transportation in support of our mission to be the Gulf Coast Region leader in providing effective, coordinated and integrated multimodal transportation solutions to enhance the social and economic quality of life for all Gulf Coast Region citizens. H-GAC's Contract Compliance Program Office is responsible for Civil Rights Compliance and Monitoring to ensure non-discriminatory provision of transit services and programs.

NAME:	HOME NO.:
EMAIL ADDRESS:	WORK NO.:
MAILING ADDRESS:	CITY:
	STATE:                      ZIP:

Please indicate the basis of your complaint:

- Race \_\_\_\_\_
- Age \_\_\_\_\_
- National Origin \_\_\_\_\_
- Color \_\_\_\_\_
- Gender \_\_\_\_\_
- Disability \_\_\_\_\_

Date and place of alleged discriminatory action(s). \_\_\_\_\_  
(Please include the earliest date of discrimination and the most recent date of discrimination.)

Name(s)/Position title(s) of the person(s) who allegedly subjected you to Title VI discrimination:

How were you discriminated against? Please describe the nature of the action, decision, or conditions of the alleged discrimination. Be as clear as possible in your description of what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (You can attach additional pages, if necessary.)

The law prohibits intimidation or retaliation against anyone because s/he has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attach additional pages, if necessary.)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- U.S. Department of Transportation \_\_\_\_\_
- Federal Highway Administration \_\_\_\_\_
- Federal Transit Administration \_\_\_\_\_
- Office of Federal Contract Compliance \_\_\_\_\_
- U.S. Equal Employment Opportunity Commission \_\_\_\_\_
- U.S. Department of Justice \_\_\_\_\_
- Other: \_\_\_\_\_

Have you discussed the complaint with any H-GAC representative? If yes, provide the name, position, and date of discussion.

What remedy or action are you seeking for the alleged discrimination?

Please provide any additional information, documents, photographs, etc., if applicable, that you believe will assist in an investigation.

Sign and date the complaint below. ***We are unable to consider unsigned complaints.***

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date

FOR OFFICE USE ONLY

Date complaint received: \_\_\_\_\_

Case #: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Referred: \_\_\_\_\_

Referred to:  USDOT  FHWA  FTA  OFCCP  Other: \_\_\_\_\_

**Continuation Sheet:**