



## Title VI Nondiscrimination Complaint Form

**Instructions:** Any person who believes that they have been subjected to discrimination based upon race, color, sex, age, national origin, disability, income-level, or limited English proficiency, may file a written complaint with City of Greenville, NC's Title VI Coordinator, within 180 days after the discrimination occurred.

### Section I: Complainant Basic Information

<b>Last Name:</b>		<b>First Name:</b>		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Work		<b>E-Mail:</b>

**Accessible Format Requirement(s):**  Large Print  Audio Tape  TDD  Other \_\_\_\_\_

#### Identify the Category of Discrimination (Check all that apply):

- Race  National Origin  Limited English Proficiency  Age  
 Color  Disability  Income-Level  Religion

#### Identify the Race of the Complainant (Check all that apply):

- Black  White  Native Hawaiian or Other Pacific Islander  
 Hispanic  Asian American  Alaskan Native  
 American Indian or Native American  Other \_\_\_\_\_

### Section II: Third Party

**Are you filing this complaint on your own behalf?**  Yes  No **If you answered "yes" to this question, go to Section III.**

**If you answered "no" to this question, please supply the name and relationship of the person for whom you are complaining:**

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**Please explain why you have filed for a third party.**

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  Yes  No

### Section III: Other Filings

Have you previously filed a Title VI complaint with City of Greenville, NC?  Yes  No

If yes, what was your City of Greenville Complaint Number? \_\_\_\_\_

**Note:** This information is needed for administrative purposes; we will assign the same complaint number to the new complaint.

Have you filed this complaint with any of the following agencies?  Recipient  Department of Transportation  
 Department of Justice  Equal Employment Opportunity Commission  
 Other \_\_\_\_\_

Have you filed a lawsuit regarding this complaint?  Yes  No

**Note:** This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.

### Section IV: Nature of Complaint

Name of entity complaint is against: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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Names of individuals responsible for the discriminatory action(s):

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How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible 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. (Attach additional page(s), if necessary).

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The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel 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. (Attach additional page(s), if necessary).

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

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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

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Please provide any additional information that you believe would assist with an investigation:

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Briefly explain what remedy, or action, are you seeking for the alleged discrimination:

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**Section V: Release of Information**

May we release a copy of your complaint to the recipient?  Yes  No

May we release your identity to the recipient?  Yes  No

**\*\*CITY OF GREENVILLE CANNOT ACCEPT AN UNSIGNED COMPLAINT\*\***

<b>COMPLAINANT'S SIGNATURE</b>	<b>COMPLAINANT'S PRINTED NAME</b>	<b>DATE</b>

You may mail your completed complaint to:

City of Greenville, NC  
Transit Manager  
600 South Pitt Street  
Greenville, NC, 27834

OR e-mail it to: [estalls@greenvillenc.gov](mailto:estalls@greenvillenc.gov)

Once your complaint is received, you will receive a letter acknowledging receipt of the complaint.

**FOR OFFICE USE ONLY**

Date Complaint Received: \_\_\_\_\_

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

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

Referred to:  DOT  Other \_\_\_\_\_ Date Referred: \_\_\_\_\_