

# External Title VI Discrimination Complaint Form

This Title VI Discrimination Complaint form will be used by the City of Burleson to document and address compliance related to discrimination based on race, color, national origin (language),, or other protected characteristics in the City's programs, services, and activities. This form ensures compliance with Federal and State Civil Rights Laws, including Title VI of the Civil Rights Act of 1964. **For more information, including understanding your rights, please visit <https://www.burlesontx.com/2866/Title-IV-Non-Discrimination>.**

When completed, return this signed form using one of the following methods:

<b>Mail or In-Person:</b>	City of Burleson Attn: Title VI Coordinator 141 W Renfro St Burleson, TX 76028
<b>Email:</b>	<a href="mailto:titleVI@burlesontx.com">titleVI@burlesontx.com</a>
<b>Fax:</b>	(817) 426-0481

For assistance, please call the Title VI Coordinator at (817) 426-9640, TTY: 711 or email [titleVI@burlesontx.com](mailto:titleVI@burlesontx.com).

## COMPLAINANT INFORMATION

Last Name:	First Name:
Mailing Address:	
City/State/Zip Code:	Phone #:
Alternate Telephone #:	
Email Address:	

## BASIS OF COMPLAINT – Mark all that apply

Complaints on the basis listed below will be reported to TxDOT for investigation:

Race  Color  National Origin (language)

If you feel you have been discriminated against for any other reason, please contact The City of Burleson at -(817) 426-9640, TTY: 711.

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

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 was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary)

The law prohibits intimidation or retaliation against anyone because they have 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 of the alleged retaliation.

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Names of individuals responsible for the discriminatory action(s). (Attach additional pages, if needed).		
Name	Mailing address and/or email address	Telephone
		( )
		( )
		( )
		( )

Names of individuals (witnesses, employees, or others) whom we may contact for additional information to support or clarify your complaint. (Attach additional pages, if needed).		
Name	Mailing address and/or email address	Telephone
		( )
		( )
		( )
		( )

Have you filed, or intend to file, a complaint regarding the matter with any of the following agencies? If yes, please check all that apply and provide the filing dates in the space provided:

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

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

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

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

THE CITY CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE PRINT YOUR NAME, SIGN, AND DATE THE COMPLAINT FORM BELOW:	
Complainant's Printed Name:	Date:
Complainant's Signature:	
<i>Printed name of person preparing complaint (if different from the complainant):</i>	
<i>Relationship to the complainant:</i>	

## For Office Use Only



# External Title VI Discrimination Complaint Form

Date Complaint Received: _____	Case Number: _____
Received By: _____	Date Referred: _____