



Title VI Complaint Procedure

The following procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987. Any person who believes they, or any specific class of persons, to be subjected to prohibited discrimination based on race, color or national origin may file a written complaint individually or through a representative. A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the discrimination is ongoing, or the time for filing is extended by the FHWA. Complaints related to the Federal-aid highway program may be filed with TxDOT, FHWA Division Office, the FHWA Headquarters Office of Civil Rights (HCR), the USDOT Departmental Office of Civil Rights, or the USDOJ. CITY will ensure that all complaints are sent to the appropriate authority for disposition.

Complaints alleging violations of Title VI by subrecipients may be filed in writing directly with the following local, state and federal agencies:

TitleVICoordinator@wichitafallstx.gov

Additionally, complaints filed against the subrecipient may also be filed with TxDOT or FHWA at:

Texas Department of Transportation (TxDOT)

Civil Rights Division

Attn: Title VI Program Administrator

125 E. 11th Street

Austin, TX 78701

Federal Highway Administration – Texas Division (FHWA)

Attn: Civil Rights Specialist

300 E. 8th St.

Austin, TX 78701

Federal Highway Administration (FHWA)

Office of Civil Rights

HCR-20, Room E81-320

1200 New Jersey Avenue, SE

Washington, DC 20590

Complaint and investigation files are confidential. The contents of such files will only be disclosed to appropriate CITY personnel, state and federal authorities in accordance with Federal and State laws. CITY will retain files in accordance with records retention schedules and all Federal guidelines.

City of Wichita Falls Title VI Complaint Form

Please submit completed form to:

Christi Klyn, Title VI Coordinator,
1300 7th St
Wichita Falls, Texas 76307

TitleVICoordinator@wichitafallstx.gov



Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: _____ Alternative Phone Number: _____

Email Address: _____

Please indicate the basis of your complaint:

☐ Race _____

☐ National Origin _____

☐ Color _____

☐ Other Class _____

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 (basis) 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 he/she 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 individuals responsible for the discriminatory action(s):

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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 (*attach additional pages, if necessary*):

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you filed, or 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.

<input type="checkbox"/> U.S. Department of Transportation	Date Filed: _____
<input type="checkbox"/> Federal Highway Administration	Date Filed: _____
<input type="checkbox"/> Federal Transit Administration	Date Filed: _____
<input type="checkbox"/> Office of Federal Contract Compliance Programs	Date Filed: _____
<input type="checkbox"/> Texas Department of Transportation	Date Filed: _____
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	Date Filed: _____
<input type="checkbox"/> U.S. Department of Justice	Date Filed: _____
<input type="checkbox"/> Other	Date Filed: _____

Have you discussed the complaint with any City of Wichita Falls 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.

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature

Date