

Wood County

Title VI Discrimination External Complaint Form

This form may be used to file a complaint with Wood County based on violations of Title VI of the Civil Rights Act of 1964 and related statutes. Complaints should be filed within 180 days of the alleged discrimination or within 60 days of you becoming aware of the alleged discrimination.

Return the signed form to:

Kathy Lutonsky
Wood County Title VI Coordinator
Wood County Courthouse, Human Resource Department
100 Main St., 1st Floor
P O Box 1733
Quitman, Texas 75783
Phone: (903) 763-4639
Email: klutonsky@mywoodcounty.com

If you need assistance completing this form, please call the Wood County Title VI Coordinator at the phone number listed above.

Last Name		First Name	
Mailing Address		City	State Zip
Telephone	Alternate Telephone	E-mail Address	
Please state the basis of your complaint			
<input type="checkbox"/> Race: _____ <input type="checkbox"/> Age: _____ <input type="checkbox"/> National Origin: _____			
<input type="checkbox"/> Color: _____ <input type="checkbox"/> Gender: _____ <input type="checkbox"/> Disability: _____			
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):

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>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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.

- ☐ U.S. Department of Transportation _____ (DOT)
(Filing Date: _____)
- ☐ Federal Highway Administration _____ (FHWA)
(Filing Date: _____)
- ☐ Federal Transit Administration (FTA) _____ (Filing
Date: _____)
- ☐ Office of Federal Contract Compliance _____ Programs
(OFCCP) (Filing Date: _____)
(Filing Date: _____)
- ☐ U.S. Equal Employment Opportunity Commission (EEOC) (Filing Date: _____)
- ☐ U.S. Department of Justice (DOJ) (Filing Date: _____)
- ☐ Other (Agency: _____)

Have you discussed the complaint with any Wood County 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, documents, and/or photographs, if applicable, that you believe will assist with an investigation.

Please sign and date the complaint form below. Unsigned complaints will not be accepted.

Complainant's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received: _____

Case No.: _____

Processed by: _____

Date Referred: _____

Referred to: USDOT FHWA FTA OFCCP EEOC Other