



# County of Burleson

## External Title VI/ADA Discrimination Complaint Form

This form may be used to file a complaint with the County of Burleson based on violations of Title VI of the Civil Rights Act of 1964, and/or the Americans with Disabilities Act (ADA). (Burleson County employees should utilize the complaint procedures outlined in applicable county employee policy). Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 days, you have 60 days after you became aware to file a complaint. Return the signed form to:

**Mail:** Burleson County Treasurer's Office  
Attn: Title VI/Nondiscrimination Coordinator and/or ADA Coordinator  
100 West Buck Street, Suite# 404  
Caldwell, Texas 77836

**Fax:** (979) 567-2305

**Email:** ssmith@burlesoncounty.org

For assistance completing this form please call the Title VI/Nondiscrimination Coordinator/ADA Coordinator Office at (979)567-2305.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please state the basis of your complaint:

Race \_\_\_\_\_  National Origin \_\_\_\_\_  Other \_\_\_\_\_  
 Color \_\_\_\_\_  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 had 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)                      Date filed: \_\_\_\_\_
- Federal Highway Administration (FHWA)                      Date filed: \_\_\_\_\_
- Federal Transit Administration (FTA)                      Date filed: \_\_\_\_\_
- Office of Federal Contract Compliance Programs (OFCCP)                      Date filed: \_\_\_\_\_
- U.S. Equal Employment Opportunity Commission (EEOC)                      Date filed: \_\_\_\_\_
- U.S. Department of Justice (DOJ)                      Date filed: \_\_\_\_\_
- Other: \_\_\_\_\_                      Date filed: \_\_\_\_\_

Have you discussed the complaint with any Burleson 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 and/or photographs, if applicable, that you believe will assist with an investigation (attach additional pages, if necessary).

**For ADA complaints only, please provide the following information:**

If applicable, please provide a description and the exact location of the non-accessible feature.  
Provide a sketch or picture if helpful. (Attach additional pages, if necessary.)

Please provide comments, suggestions, or other information that may assist us in providing you a better service.

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

\_\_\_\_\_  
Complainant's Signature (or authorized representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person preparing complaint (if different from complainant)

\_\_\_\_\_  
Relation to complainant

**FOR OFFICE USE ONLY**

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

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

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

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

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