

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. Hopkins County 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:

Hopkins County

Attn: Title VI Coordinator *- Kelly Kaslon*
PO BOX 288

Sulphur Springs, Texas 75483

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

Texas Department of Transportation
Civil Rights Division
Attn: Title VI Program Administrator
125 E. 11th Street
Austin, TX 78701

Federal Highway Administration – Texas Division
Attn: Civil Rights Specialist
300 E. 8th St.
Austin, TX 78701

Federal Highway Administration
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 Hopkins County personnel, state and federal authorities in
accordance with Federal and State laws. Hopkins County will retain files
in accordance with records retention schedules and all Federal guidelines.



External Title VI Discrimination Complaint Form

Mail the completed and signed form to: Title VI Coordinator, PO BOX 288, Sulphur Springs, TX 75483

Last Name		First Name	
Mailing Address			
City		State	Zip
Telephone		Email Address	
Race:		Color:	
Ethnicity/National Origin:		Sex:	
Please indicate the basis of your complaint:			
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).		
Name	Address	Telephone
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 <input type="checkbox"/> Federal Highway Administration <input type="checkbox"/> Federal Transit Administration <input type="checkbox"/> Office of Federal Contract Compliance Programs <input type="checkbox"/> U.S. Equal Employment Opportunity Commission (EEOC) <input type="checkbox"/> U.S. Department of Justice		
Other: _____		
Have you discussed the complaint with any Hopkins 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.		

We cannot accept an unsigned complaint. Please sign and date the complaint form below:		
Complainant's Signature: _____		Date: _____
FOR OFFICE USE ONLY		
Date Complaint Received: _____		Case#: _____
Processed by: _____		Date Referred: _____
Referred to: <input type="checkbox"/> USDOT	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA <input type="checkbox"/> OFCCP <input type="checkbox"/> EEOC <input type="checkbox"/> OTHER