

# Title VI Complaint Form – Part I of III



**Complete and return this form to:**  
Gilbert T. Perales, Deputy City Manager - Title VI Coordinator  
City of Arlington  
101 W. Abram St. MS 01-0300  
Arlington, TX 76010

You can also fax the form to 817.459.6116  
or e-mail the form to [Gilbert.Perales@arlingtontx.gov](mailto:Gilbert.Perales@arlingtontx.gov).

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the grounds of race, religion, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

**Complainant's Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Phone (home or cell) \_\_\_\_\_ (business) \_\_\_\_\_

**Person discriminated against** (if someone other than the complainant):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Relationship to Complainant \_\_\_\_\_

**Please provide the following information about the complainant** (optional):

Race/Ethnicity \_\_\_\_\_

Gender/Sex \_\_\_\_\_

National Origin \_\_\_\_\_

**Was the complainant discriminated against because of:**

Race     Religion     Color     National Origin     Sex     Age  
 Disability     Other \_\_\_\_\_

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## What date did the alleged discrimination take place?

<i>Occurrence</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
Earliest Date			
Most Recent Date			

**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.)*

**Who do you believe discriminated against you?** *Include the names of individuals or organizations you believe were responsible for the discriminatory action(s).*

	<i>Name</i>	<i>Organization</i>	<i>Address</i>	<i>Phone</i>
1				
2				
3				

**Is there someone we may contact for additional information to support or clarify your complaint?** *(Please provide information for witnesses, fellow employees, supervisors or others. Attach additional pages, if necessary.)*

	<i>Name</i>	<i>Organization</i>	<i>Address</i>	<i>Phone</i>
1				
2				
3				

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**Have you filed this complaint with any other federal, state or local agency, or with any federal or state court?**

\_\_\_\_\_ NO  
 \_\_\_\_\_ YES – Please check all that apply:

<input type="checkbox"/>	Federal Agency	<input type="checkbox"/>	Federal Court	<input type="checkbox"/>	State Agency	<input type="checkbox"/>	State Court	<input type="checkbox"/>	Local Agency
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**Please provide information about the agency/court where the complaint was filed:**

1	Date Filed		Complainant Number	
Contact Name		Contact Title		Phone Number
Agency Name		Agency Address		
2	Date Filed		Complainant Number	
Contact Name		Contact Title		Phone Number
Agency Name		Agency Address		
3	Date Filed		Complainant Number	
Contact Name		Contact Title		Phone Number
Agency Name		Agency Address		

***You may attach any written materials or other information you think is relevant to your complaint.***

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

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date

FOR OFFICE USE ONLY			
<b>Date Complaint Received:</b>		<b>Processed By:</b>	
<b>Case #:</b>			
REFERRED or ROUTED TO:			
Date/Time Received	Office/Name	Comment	Date Out/Initials

## Title VI Complaint Form – Part II of III



### NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

#### NOTICE OF COMPLAINANT AND INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the City of Arlington (COA) are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

- A recipient may not force its employees to be represented by the recipient's counsel nor may it intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with COA. The representative may be the recipient's counsel, the employee's private counsel, or anyone else the interviewee authorizes to be present.

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d – 2000d7, and its implementing regulations, 28 C.F.R. § 42.401 et seq., govern COA's compliance and enforcement authority. These provisions provide that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual because he/she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing conducted under COA's jurisdiction, or has asserted rights protected by statutes COA enforces.

- Information obtained from the complainant or other individual maintained in COA's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if the release of such information would constitute an unwarranted invasion of personal privacy

*There are two laws governing personal information submitted to any federal agency, including the COA: The Privacy Act of 1974 (5 U.S.C. § 552a), and the Freedom of Information Act (5 U.S.C. § 552).*

THE PRIVACY ACT protects individuals from misuse of personal information held by the federal government. The law applies to records that are kept and that can be located by the individual's name or social security number or other personal identification system. Persons who submit information to the government should know that:

- COA is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and, in some instances, religion against recipients of Federal financial assistance. COA also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.

- Information that COA collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. COA staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. COA also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act.

## Title VI Complaint Form – Part II of III



- The personal information will be used primarily for COA’s authorized civil rights compliance and enforcement activities. FCS will not disclose your name or other identifying information about you unless it is necessary for enforcement activities against an entity alleged to have violated federal law, or unless such information is required to be disclosed under the Freedom of Information Act, 5 U.S.C. § 552, or disclosure is allowed through the publication of a routine use in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a. <http://edocket.access.gpo.gov/2003/pdf/03-20342.pdf> To further the Department’s enforcement activities, information FCS has about you may be given to: appropriate federal, state, or local agencies: Members of Congress or staff; volunteer student workers within the Department of Justice so that they may perform their duties; the news media when release is made consistent with the Freedom of Information Act and 28 C.F.R. § 40.2; and the National Archives and Records Administration and General Services Administration to perform records management inspection functions in accordance with their legal responsibilities.

- No law requires a complainant to give personal information to COA, and no sanctions will be imposed on complainants or other individuals who deny COA’s request. However, if COA fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

- The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of COA to exercise authority to exempt systems of records only in compelling cases. COA may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against a recipient of federal financial assistance. Complaint files are exempt in order to aid negotiations between recipients and COA in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

THE FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the federal government. Individuals can obtain items from many categories of records of the government -- not just materials that apply to them personally. COA must honor requests under the Freedom of Information Act, with some exceptions. COA generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an “unwarranted invasion of privacy” of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a “clearly unwarranted invasion of privacy.”

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## COMPLAINANT CONSENT/RELEASE FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Complaint number(s) (if known): \_\_\_\_\_

*Please read the information below, check the appropriate box, and sign this form.*

I have read the Notice of Investigatory Uses of Personal Information by the City of Arlington (COA). As a complainant, I understand that in the course of an investigation it may become necessary for COA to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of COA to honor requests under the Freedom of Information Act. I understand that it may be necessary for COA to disclose information, including personally identifying details that it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by COA's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by COA.

### CONSENT/RELEASE

CONSENT - I have read and understand the above information and authorize COA to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (COA) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT - The respondent named in this complaint may receive a copy of my complaint upon request.

CONSENT DENIED - I have read and understand the above information and do not want COA to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE