

Title VI Complaint Procedure

The City of Stoughton's Title VI Complaint Procedure is made available in the following locations:

1. City of Stoughton's Website www.ci.stoughton.wi.us (<http://www.ci.stoughton.wi.us>)
2. City Hall, 207 S Forrest Street, Stoughton, WI 53589

Any person who believes she or he has been discriminated against on the basis of race, color, national origin, religion, gender, disability, sex, age, income status, or limited English proficient (LEP) by the City of Stoughton may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

Or

A person may file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

All complaints filed with the City shall be received by the Director of Human Resources and Risk Management no less than 180 days from the alleged incident. The Director of Human Resources and Risk Management will involve the appropriate City staff for response. All Complaints must be complete, including contact information.

The complainant will receive an acknowledgement letter informing her/him of receipt.

The City's Director of Human Resources and Risk Management will have 45 days to investigate the complaint. If more information is needed, the City may request more information from the complainant.

The complainant has 10 business days from the date of the request to respond to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the City can administratively close the case. At any time and in writing, the complainant may withdraw his/her complaint. At this point, the City may close the investigation.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

* A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.

* A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.

If the complainant wishes to appeal the decision, she/he has 10 days after the date of the letter or the LOF to do so.

City of Stoughton Complaint/Comment Form

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Section I:

Name:

Address:

Telephone (Home):

Telephone (Work):

Electronic Mail Address:

Accessible Format Requirements?

Large Print Audio Tape TDD Other:

Section II:

Are you filing this complaint on your own behalf?

Yes* No

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Religion Age Gender Service
Income Status Limited English Proficient Americans with Disability Act

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency?

Yes No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency:

Federal Court

State Agency

State Court

Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature and date required below.

Signature Date

(Please print name _____)

Please submit this form in person at the address below, or mail this form to:

Director of Human Resources & Risk Management

207 S. Forrest Street

Stoughton, WI 53589