Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 and 49 U.S.C. 47123, “Nondiscrimination,” prohibit discrimination on the basis of race, color, national origin, creed, or sex, in any program or activity receiving federal financial assistance. The Department of Transportation also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

When to File: Complaints of discrimination, intimidation or retaliation **must be filed within 180 days of the last date of the prohibited act(s).** If you are filing late, you may request a waiver of the 180 day filing requirement by completing **Question 11.**

Where to File:

Title VI Coordinator c/o Small Business Development
Metropolitan Nashville Airport Authority
140 BNA Park Drive, Suite 520
Nashville, TN 37214
TitleVI@flynashville.com

This format is intended to assist you in filing your civil rights complaint with the **Metropolitan Nashville Airport Authority.** You may use this format or a letter with the same information.

Provide information for each question, including all attachments that relate to your complaint. Print all entries except signatures. Add additional sheets, if necessary, to explain your specific circumstances to us. **You may use Attachment A for additional sheets.**

Attachments are as follows:

A – Additional Sheet(s)
B – Information on Prior Complaint(s) Filed
C – Notice About Investigatory Uses of Personal Information
D – Complainant Consent/Release

Title VI Complaint Form

COMPLAINANT CONTACT INFORMATION:

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

E-MAIL: HOME _____ **BUSINESS** _____

PHONE: HOME _____ **BUSINESS** _____ **CELL** _____

1. What is the most convenient time and way for us to contact you about this complaint?

_____

2. Are you represented by an attorney in this matter? ☐ Yes ☐ No

If yes, provide his or her contact information below.

NAME _____

COMPANY _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

E-MAIL _____ **BUSINESS PHONE** _____ **CELL PHONE** _____

3. Information about person(s) who experienced the prohibited discrimination, intimidation or retaliation, **if different from complaint filer.** Attach additional sheets, if necessary.

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

E-MAIL: HOME _____ **BUSINESS** _____

PHONE: HOME _____ **BUSINESS** _____ **CELL** _____

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4. Identify who performed the alleged prohibited act(s). Attach additional pages, if necessary.

NAME _____

TITLE _____

COMPANY OR ORGANIZATION _____

SECTION, OFFICE OR DEPARTMENT _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

BUSINESS EMAIL _____

PHONE: BUSINESS _____ **CELL** _____

5. Explain the events that took place and why you believe you or another person was subject to a discriminating, intimidating or retaliating act(s). For example, indicate who was involved and how another person treated you differently than others. Attach additional sheets, if necessary. Attach a copy of written materials that support your complaint.

6. Identify the basis on which you believe the discrimination, intimidation, or retaliation occurred.

RACE _____

COLOR _____

NATIONAL ORIGIN _____

CREED _____

SEX _____

AGE _____

7. When and where did the alleged discrimination, intimidation or retaliation take place? Provide date(s), time(s) and location(s).

Earliest date:

Most recent date:

8. If the discrimination, intimidation or retaliation occurred **more than 180 days ago, and you are requesting a waiver to file late,** explain in detail why you filed after 180 days. Attach addition sheets, if necessary.

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9. Supporting Contacts/Witnesses – List any person(s) (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support your complaint. Attach additional sheets, if necessary.

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

PHONE _____ **EMAIL** _____

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

PHONE _____ **EMAIL** _____

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

PHONE _____ **EMAIL** _____

10. Do you have any other information that you think is relevant to the investigation of your complaint? Attach additional sheets, if necessary.

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11. What remedy are you seeking?

12. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaint(s) with our office?

☐ Yes ☐ No If yes, provide the information in **Attachment B.**

13. Sign and date below. **A signature is required to process your complaint.**

PRINT NAME	SIGNATURE	DATE

Mail this signed sample format or your letter with the same information, to the address below. Keep copies for your records.

Title VI Coordinator c/o Small Business Development
Metropolitan Nashville Airport Authority
140 BNA Park Drive, Suite 520
Nashville, TN 37214
TitleVI@flynashville.com

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Attachment A – Additional Sheet(s)

NAME _____ **DATE** _____

This is additional information in response to question _____ (insert question number).

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ATTACHMENT B – Information on Prior Complaint(s) Filed

NAME _____ **DATE** _____

1. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaints with our office or another office in the Department of Transportation?

☐ Yes ☐ No **If yes,** provide the complaint number(s) _____

2. Provide the name and telephone number of the person who investigated the complaint, if known.

NAME _____ **PHONE** _____

3. Against what individual or organization was the prior complaint filed?

NAME _____

COMPANY OR ORGANIZATION _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

BUSINESS EMAIL _____

BUSINESS PHONE _____ **DATE COMPLAINT WAS FILED** _____

4. Briefly, what was the complaint about?

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ATTACHMENT B – Information on Prior Complaint(s) Filed

5. What was the outcome of the complaint?

6. Have you (or the person who experienced discrimination, intimidation or retaliation) filed a charge or complaint concerning the matters raised in this complaint with any of the following?

- ☐ U.S. Equal Employment Opportunity Commission
- ☐ Federal or State Court
- ☐ State or Local Human Relations/Rights Commission
- ☐ Grievance or Complaint Office
- ☐ Airport Sponsor
- ☐ Other (specify) _____

7. If you have already filed a charge or complaint with any Agency/Court indicated above, provide the following information. Attach additional pages if necessary.

AGENCY/COURT _____

DATE FILED _____ **CASE OR DOCKET NUMBER** _____

DATE OF TRIAL/HEARING _____

LOCATION OF AGENCY/COURT _____

NAME OF PERSON INVESTIGATING CASE _____ **STATUS OF CASE** _____

Comments:

U.S. Department of Transportation
Departmental Office of Civil Rights

NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION
NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the Department of Transportation (DOT) 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 a recipient 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 DOT. The representative may be the recipient's counsel, the employee's private counsel, or anyone else the interviewee authorizes to be present.

— The laws and regulations which govern DOT's compliance and enforcement authority 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 DOT's jurisdiction, or has asserted rights protected by statutes DOT enforces.

— Information obtained from the complainant or other individual which is maintained in DOT's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if 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 DOT: The Privacy Act of 1974 (5 U.S.C. § 552a) and the Freedom of Information Act (5 U.S.C.§ 552).

These acts are described on the following page.

ATTACHMENT C – Notice About Investigatory Uses of Personal Information

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:

— DOT 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. DOT also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.

— Information that DOT collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. DOT 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. DOT also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act.

— Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in DOT's regulation at 49 CFR Part 10, DOT will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act.

– No law requires a complainant to give personal information to DOT, and no sanctions will be imposed on complainants or other individuals who deny DOT's request. However, if DOT 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 DOT to exercise authority to exempt systems of records only in compelling cases. DOT 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 DOT in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

— DOT does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a recipient that violates the laws, or unless such information is required to be disclosed under the Freedom of Information Act (FOIA) or the Privacy Act. DOT will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under FOIA, the Privacy Act, or otherwise required by law.

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. DOT must honor requests under the Freedom of Information Act, with some exceptions. DOT 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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ATTACHMENT D – Complainant Consent/Release

U.S. Department of Transportation
Departmental Office of Civil Rights

COMPLAINANT CONSENT/RELEASE

NAME _____

ADDRESS _____

CITY, STATE AND ZIP CODE _____

PHONE _____ **EMAIL** _____

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

I have read the Notice about Investigatory Uses of Personal Information by the Department of Transportation (DOT). As a complainant, I understand that in the course of an investigation it may become necessary for DOT to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOT to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOT to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOT's regulations from intimidation or retaliation for taking action or participating in action to secure rights protected by nondiscrimination statutes enforced by DOT. A complainant's lack of consent does not necessarily prevent investigation of the complaint.

CONSENT/RELEASE

☐ **CONSENT** – I have read and understand the above information and authorize DOT to reveal my identity to persons at the organization or institution under investigation. I hereby authorize DOT 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 DENIED** – I have read and understand the above information and do not want DOT 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.

Acknowledgment by signature is required.

_____	_____	_____
PRINT NAME	**SIGNATURE**	**DATE**