

City of Dallas Title VI External Complaint Procedures

Any person or group of persons or their authorized representative may file a complaint of discrimination if such person believes that city services, activities or programs were withheld or denied on the basis of race, color, national origin, religion, sex, sexual orientation, disability or income.

Complaints may be filed on-line, by mail, fax or in person at the City of Dallas Office of Fair Housing and Human Rights, 1500 Marilla Street, Room 1BN, Dallas, Texas 75201; Telephone: (214) 670-3247, Fax: (214) 670-0665.

A discrimination complaint must be filed within 180 Days from the date of the alleged discriminatory act or the most recent occurrence. External discrimination complaints regarding transportation will be forwarded to the Office of Civil Rights within the Texas Department of Transportation for investigation within ten calendar days of receipt by the City of Dallas.

The Title VI Coordinator is responsible for ensuring that a thorough investigation of the allegation(s) is conducted. Every effort will be made to conclude the investigation within 100 days. The Title VI Coordinator will contact any witnesses identified by the Complainant as a part of the investigation and may confer with such city staff as is necessary to ensure a thorough review of relevant data. Upon completion of the investigation, the Title VI Coordinator will issue a finding and notify the Complainant in writing.

The Complainant will be notified by the Title VI Coordinator within ten working days of the decision. The letter will provide the disposition of the complaint and will notify the Complainant of the right to appeal within 15 days to the Director of Planning and Neighborhood Vitality.

If it is determined that there is reasonable cause to believe that discrimination has occurred, the City of Dallas will take all necessary action to correct the discrimination.



Title VI Discrimination Complaint Form

Please fill out this form completely, complaints should be filed with 180 days of the alleged discrimination. If you need assistance, please call (214) 670-3247

Last Name		First Name		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	Email Address		
Please indicate the basis of your complaint: <input type="checkbox"/> Race _____ <input type="checkbox"/> Age _____ <input type="checkbox"/> National Origin _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Gender _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> Religion _____				
Date(s) and Place (s) alleged discriminatory action took place, including earliest date of discrimination most recent date of discrimination:				
Name(s) of City Departments, Programs , and individuals responsible for discriminatory action(s):				
Please explain as clearly as possible how you were discriminated against. Describe the nature of the action, decision, or conditions of the alleged discrimination. Include how you were treated differently from others based on your protected status.				



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Names of Individuals responsible for the discriminatory action(s)

1.

2.

3.

Names of person (witnesses, other subjected to discrimination, fellow employees, supervisor, or others whom we may contact for additional information to support or clarify your complaint:

<u>Name</u>	<u>Phone</u>	<u>Email</u>

Are you Hispanic or Latino? Yes___ No___

Please check the racial category or categories that you most closely identify with:

American Indian/ Alaska Native___

Asian ___

Black/African American___

Native Hawaiian/Pacific Islander ___

White___

Complainant's Signature _____ Date _____

Office Use Only	
Date Received _____	By _____
Notes _____	