

**CITY OF HAVELOCK  
EXTERNAL DISCRIMINATION  
COMPLAINT INSTRUCTIONS**



**INTRODUCTION**

The City of Havelock is responsible for processing discrimination complaints filed under Title VI of the Civil Rights Act of 1964 and related nondiscrimination laws. Participants and beneficiaries of programs and activities administered or funded by Havelock who feel they have been discriminated against based on race, color, national origin, income-level, Limited English Proficiency (LEP), sex, age, or disability have a right to file a complaint. Complaints of alleged discrimination will be investigated by the appropriate authority.

**FILING OF COMPLAINTS**

1. **Applicability** – These complaint procedures apply to City of Havelock programs, activities and services) and contractors (e.g., subcontractors, consultants,) receiving federal or state funds.  
*Note:* Title VI does not include internal complaints related to Equal Employment Opportunity (EEO).
2. **Eligibility** – Any person or class of persons who believes he/she has been subjected to discrimination based on race, color, national origin, income-level, LEP, sex, age, or disability, may file a written complaint. The law also prohibits intimidation or retaliation against anyone who files a complaint.
3. **Filing Options and Time Limits** – Complaints may be filed by the affected individual(s) or a representative and must be filed no later than 180 calendar days after the following:
  - The date of the alleged act of discrimination; or
  - The date when the person(s) became aware of the alleged discrimination; or
  - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Title VI and related discrimination complaints may be submitted to the following entities:

- **North Carolina Department of Transportation**, Office of Civil Rights, Title VI program, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1808 or toll free 800-522-0453
- **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070
  - **Federal Highway Administration**, Office of Civil Rights, 1200 New Jersey Avenue, SE, 8<sup>th</sup> Floor, E81- 314, Washington, DC 20590, 202-366-0693 / 202-366-0752
  - **Federal Highway Administration**, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010
  - Jersey Avenue, SE, Room #W65-312, Washington, DC 20591, 202-366-8810
- **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-

4. **Format for Complaints** – Complaints **must be in writing and signed** by the complainant(s) or a representative, and include the complainant’s name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. Complaints will be accepted in other languages, including Braille. (See DISCRIMINATION COMPLAINT FORM included below.)
5. **Complaint Basis** – Allegations must be based on issues involving race, color, national origin, income-level, LEP, sex, age, or disability; (and religion, where applicable). The term “basis” refers to the complainant’s membership in a protected group category. **Note:** Religion (or creed) is *only* protected under Right of Way and Aviation programs.

Protected Categories	Definition	Examples	Pertinent Statutes and Regulations	
			FHWA	FTA
Race	An individual belonging to one of the accepted racial groups; or the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; 23 CFR 200; ( <i>Executive Order 13166</i> )	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; Circular 4702.1B; ( <i>Executive Order 13166</i> )
Color	Color of skin, including shade of skin within a racial group	Black, White, brown, yellow, etc.		
National Origin (LEP)	Place of birth. Citizenship is not a factor. ( <i>Discrimination based on language or a person’s accent is also covered</i> )	Mexican, Cuban, Japanese, Vietnamese, Chinese; Russian; French		
Income-Level	An individual or household determined to be low-income	Poverty status	Executive Order 12898	
Sex	The sex of an individual. <i>Note:</i> Sex under this program does not include sexual orientation.	Women and Men	1973 Federal-Aid Highway Act	Title IX of the Education Amendments of 1972
Age	Persons of any age	21 year old person	Age Discrimination Act of 1975	
Disability	Physical or mental impairment, permanent or temporary, or perceived	Blind, alcoholic, paraplegic, epileptic, diabetic, arthritic	Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990	

#### COMPLAINT RECEIPT AND RESPONSE

1. Havelock will provide written acknowledgment of your complaint within ten (10) calendar days, by registered mail.
2. Havelock Finance Officer will review your complaint upon receipt to ensure the required information was provided, the complaint was timely filed, and jurisdictional requirements were met.
  - a. If the complaint is complete and no additional information is needed, you will be sent a letter of acceptance as well as a Complainant Consent/Release form.
  - b. If the complaint is incomplete, you will be contacted in writing or by telephone to obtain

the needed information. **Note:** Failure to respond and/or provide the requested information within 15 calendar days may be considered good cause for a determination of no investigative merit.

3. Within 15 calendar days of receiving your complaint, the program will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the program will notify you and Respondent (the person(s) against whom you have filed the complaint), by registered mail, stating the decision.
  - a. If the decision is to not investigate the complaint, the notification shall specifically state the reasons for the decision.
  - a. If the decision is to investigate the complaint, the notification shall state the grounds of Havelock's jurisdiction and require your and the Respondent's full cooperation in assisting the investigator.
  - b. Interviews may be recorded during the investigation. Consent to record may be required if the interviewee is located outside of NC.
4. Havelock will attempt to resolve all discrimination complaints within 60 days of accepting the complaint for investigation. Every effort will be made to obtain early resolution of complaints at the lowest level possible. The option of informal mediation between the affected parties and Havelock staff may be utilized for resolution. The program will make known all filing options and avenues of appeal.

**Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, disability, income-level, or limited English proficiency, may file a written complaint with the City of Havelock within 180 days after the discrimination occurred.**

Last Name:		First Name:		Male
				Female
Mailing Address:			City	State
				Zip
Home Telephone:	Work Telephone:	E-mail Address		

Identify the Category of Discrimination:

RACE	COLOR	NATIONAL ORIGIN	LIMITED ENGLISH PROFICIENCY	AGE
RELIGION	DISABILITY	SEX	INCOME-LEVEL	

*NOTE: Religion is covered as a basis **only** under Right of Way Unit (Fair Housing) and Public Transportation and Aviation Divisions.*

Identify the Race of the Complainant

Black	White	Hispanic	Asian American
American Indian	Alaskan Native	Pacific Islander	Other _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals responsible for the discriminatory action(s):

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 page(s), 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 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. **(Attach additional page(s), if necessary)**

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**DISCRIMINATION COMPLAINT FORM**

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.

- Federal Highway Administration \_\_\_\_\_
- Federal Motor Carrier Safety Administration \_\_\_\_\_
- US Department of Transportation \_\_\_\_\_
- Federal or State Court \_\_\_\_\_
- Other \_\_\_\_\_

Have you discussed the complaint with any Havelock representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

**\*\*WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

\_\_\_\_\_  
**COMPLAINANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**MAIL COMPLAINT FORM TO:**  
City of Havelock- TITLE VI PROGRAM  
PO Box 368  
Havelock, NC  
28532  
252-444-6403