North Central Texas Council of Governments
Discrimination Complaint Form
Please read the information on this page of this form carefully before you begin.

The North Central Texas Council of Governments (NCTCOG) is a voluntary association of, by, and for local governments, established to assist in regional planning. As a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, NCTCOG ensures that no person 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 otherwise be subjected to discrimination under any agency programs or activities. These prohibitions extend from the North Central Texas Council of Governments, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.).   All NCTCOG programs are subject to Title VI requirements.

NCTCOG is required to implement measures to ensure that persons with limited English proficiency have meaningful access to the services, benefits and information of all its programs and activities under Executive Order 13166. Upon request, assistance will be provided if you are limited English proficient. Complaints may be filed using an alternative format if you are unable to complete the written form.

The filing date is the day you complete, sign, and mail this complaint form. Your complaint must be filed no later than 180 calendar days from the most recent date of the alleged act of discrimination. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for information. Failure to do so will result in the closure of the complaint.

Submit the forms by mail to:

North Central Texas Council of Governments
Monte Mercer, Deputy Executive Director
P.O. Box 5888
Arlington, TX 76005-5888

Or in person at:

616 Six Flags Drive
Arlington, TX 76011

If you have any questions or need additional information, please call (817) 695-9121 or e-mail mmercer@nctcog.org
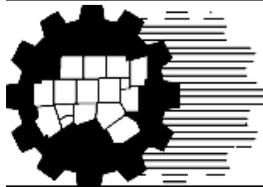
North Central Texas Council of Governments
Discrimination Complaint Form
Please read the information on the first page of this form carefully before you begin.

1 _____

First Name   MI   Last Name

_____

Street Address   City   State   Zip Code

_____

Telephone Number   e-mail Address

2 **Who do you believe discriminated against you?**

_____

First Name   MI   Last Name

_____

Name of Business/Organization   Position/Title

_____

Street Address   City   State   Zip Code

_____

Person's Relationship to You

3 **When did the alleged act(s) of discrimination occur?**
Please list all applicable dates in mm/dd/yyyy format.

_____

Date(s)

Is the alleged discrimination ongoing? ◯ Yes ◯ No

4 **Where did the alleged act(s) of discrimination occur? (Attach additional pages as necessary.)**

_____

Name of Location

5 **Indicate the basis of your grievance of discrimination:**

☐ Race   ☐ Color

☐ National Origin   ☐ Sex

☐ Age   ☐ Disability

☐ Religion

6 Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach additional pages as necessary.

Please explain how other persons or groups were treated differently by the person(s)/agency who discriminated against you.

Please list and describe all documents, e-mails, or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report, and the resolution. Please provide any supporting documentation.

Please provide any additional information about the alleged discrimination.

7 **If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.**

_____
First Name   MI   Last Name

_____
Name of Business   Position/Title   Telephone Number

_____
Street Address   City   State   Zip Code

8 **This complaint form must be signed and dated in order to address your allegations. Additionally, this office will need your consent to disclose your name, if needed, in the course of our investigation. The Discrimination Complaint Consent/Release form is attached. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent.**

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

_____   _____
Signature   Date

North Central Texas Council of Governments
Discrimination Complaint Consent/Release Form

Please read the information on this form carefully before you begin.

First Name   MI   Last Name

Street Address   City   State   Zip Code

As a complainant, I understand that in the course of an investigation it may become necessary for the North Central Texas Council of Governments to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the North Central Texas Council of Governments to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statues and regulations which are enforced by federal agencies.

Please Check one:

☐ I CONSENT and authorize the North Central Texas Council of Governments (NCTCOG), as part of its investigation, to reveal my identity to persons at the organization, business, or institution, which has been identified by me in my formal complaint of discrimination. I also authorize NCTCOG to discuss, receive, and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily.

☐ I DENY CONSENT to have the North Central Texas Council of Governments (NCTCOG), reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have NCTCOG disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing NCTCOG to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

_____   _____

Signature   Date