

HARDIN COUNTY

Title VI Discrimination Complaint Form

This form may be used to file a complaint with the County of Hardin based on violations of Title VI of the Civil Rights Act of 1964. Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 days, you have 60 days after you became aware to file a complaint. Return the signed form to:

Title VI Coordinator
Melinda Herrington
300 W Monroe, Room B107
Kountze, TX 77625
(409) 246-5164 (phone)
(409) 246-5139 (fax)
HR@co.hardin.tx.us (email)

If you need assistance completing this form, please call_____.

LAST NAME:		FIRST NAME:	
MAILING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	ALTERNATE TELEPHONE:		E-MAIL ADDRESS:
<p>Please state the basis of your complaint:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Race_____</div><div><input type="checkbox"/> Age_____</div><div><input type="checkbox"/> National Origin_____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Color_____</div><div><input type="checkbox"/> Gender_____</div><div><input type="checkbox"/> Disability_____</div></div>			
<p>Date and place of alleged discriminatory action (s). Please include the earliest date of discrimination and the most recent date of discrimination.</p> 			
<p>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 pages, if necessary).</p> 			

The law prohibits intimidation or retaliation against anyone because he/she has either acted, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, and please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation

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

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

1. Name:	Address:	Telephone:
2. Name:	Address:	Telephone:
3. Name:	Address:	Telephone:
4. Name:	Address:	Telephone:

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.

☐ U.S. Department of Transportation
☐ Federal Highway Administration
☐ Federal Transit Administration
☐ Office of Federal Contract Compliance Programs
☐ U.S. Equal Employment Opportunity Commission (
☐ U.S. Department of Justice
☐ Other: _____

Have you discussed the complaint with any Hardin County representative? If yes, provide the name, position, and date of discussion:

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

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation.

We cannot accept an unsigned complaint. Please sign and date the complaint form below:

COMPLAINANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Date Complaint Received:	Case No:
Processed by:	Date Referred:
Referred to: <input type="checkbox"/> USDOT <input type="checkbox"/> FHWA <input type="checkbox"/> FTA <input type="checkbox"/> OFCCP <input type="checkbox"/> EEOC <input type="checkbox"/> OTHER _____	