



# TITLE VI COMPLAINT FORM

*The City of Roanoke ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors.*

**INSTRUCTIONS:** please complete and sign this form, and submit it to the City within sixty (60) calendar days of any incident to:

**Jamie Seil, Title VII Coordinator**  
**Human Resources Manager**  
 500 S. Oak St., Roanoke, TX 76262  
 ~ or ~  
[humanresources@roanoketexas.com](mailto:humanresources@roanoketexas.com)

## GRIEVANCE INFORMATION:

<b>1.</b>	<b>Basis of Complaint (select all that apply):</b>			
	<p>Race</p> <p>Color</p> <p>National Origin</p> <p>Other (please describe)</p>			
<b>2.</b>	<b>Reporting Individual:</b>			
	Full Name:			
	Street Address:	City:	ST:	Zip:
	Email Address:	Phone:		
<b>3.</b>	<b>Details of Complaint/Incident:</b>			
	Most Recent Date of Incident:		Earliest Date of Incident:	
	<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 for Q1) was a factor in the alleged discrimination. Include how other persons were treated differently from you. Attach additional pages if necessary.</p>			

Continued on next page.



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Details of Complaint/Incident (continued):												
<b>4.</b>	The law prohibits intimidation or retaliation against anyone because they have either take action, or participated in action, to secure rights projected by these laws. If you feel that 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.											
<b>5.</b>	Names of individuals responsible for the alleged discrimination action(s).											
<b>6.</b>	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).											
	<b>Name</b>	<b>Email</b>										
		<b>Phone Number</b>										
<b>7.</b>	<p>Have you filed, or do you intend to file, a complaint regarding the matter raised with any of the following?</p> <p>If yes, please provide the filing dates. Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">U.S. Department of Transportation</td> <td>Date filed:</td> </tr> <tr> <td>Federal Highway Administration</td> <td>Date filed:</td> </tr> <tr> <td>Federal Transit Administration</td> <td>Date filed:</td> </tr> <tr> <td>Office of Federal Contract Compliance Programs</td> <td>Date filed:</td> </tr> <tr> <td>Texas Department of Transportation</td> <td>Date filed:</td> </tr> </table>		U.S. Department of Transportation	Date filed:	Federal Highway Administration	Date filed:	Federal Transit Administration	Date filed:	Office of Federal Contract Compliance Programs	Date filed:	Texas Department of Transportation	Date filed:
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Federal Highway Administration	Date filed:											
Federal Transit Administration	Date filed:											
Office of Federal Contract Compliance Programs	Date filed:											
Texas Department of Transportation	Date filed:											
<b>8.</b>	Have you discussed the complaint with any City of Roanoke representatives? If YES, provide the information below:											
	<b>Representative</b>	<b>Title</b>										
		<b>Date of Discussion</b>										

