



## Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The purpose of this form is to assist you in filing a Title VI complaint against the Kingsport Metropolitan Transportation Planning Organization (MTPO), a department of the City of Kingsport or contractors, sub-contractors, consultants, etc. of the MTPO. Written, signed complaints should be submitted to:

City of Kingsport – Human Resources  
Title VI Coordinator  
415 Broad Street  
Kingsport, TN 37660

Phone: 423-224-2448  
Email: [TyraCopas@KingsportTN.gov](mailto:TyraCopas@KingsportTN.gov)

If you wish to file directly with another agency, you may use this form to file a Title VI complaint with the Civil Rights Division of the Federal Highway Administration (FHWA), Tennessee Department of Transportation (TDOT), or Virginia Department of Transportation (VDOT). You are not required to use this form. A letter containing the same information is sufficient; however, all information included in this form is necessary to assist in processing your complaint. If you require assistance in completing this form, please let us know.

**A written, signed complaint must be filed within 180 calendar days after the date of the alleged discrimination.**

Federal Highway Administration  
US Department of Transportation  
Office of Civil Rights  
1200 New Jersey Ave, SE  
8<sup>th</sup> Floor E81-105  
Washington, DC 20590  
Phone: 202-366-0693  
Email: [FHWA.TitleVIcomplaints@dot.gov](mailto:FHWA.TitleVIcomplaints@dot.gov)

Tennessee Department of Transportation  
Civil Rights Division  
Attention: Title VI Program Director  
505 Deaderick Street, Suite 1800  
Nashville, TN 37243  
Phone: 615-741-3681  
Email: [Cynthia.Howard@tn.gov](mailto:Cynthia.Howard@tn.gov)

Virginia Department of Transportation  
Civil Rights Division  
Attention: Civil Rights Division Administrator  
1401 E Broad Street  
Richmond, VA 23219  
Phone: 804-786-2085  
Email: [Sandra.Norman@vdot.virginia.gov](mailto:Sandra.Norman@vdot.virginia.gov)

## Title VI Complaint Information

### 1. Complainant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Person(s) Discriminated Against (if someone other than complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Agency and Department/Program Complaint is Filed Against

Agency/Department/Program: \_\_\_\_\_

Individual (if known): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 4. Which of the following best describes the reason you believe the discrimination took place? Was it because of:

- Race
- Color
- National Origin

5. What date did the alleged discrimination occur? \_\_\_\_\_

6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Include all relevant information. Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.

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7. Please list below any persons (witnesses, employees, supervisors, others), if known, whom we may contact for additional information to support of clarify your complaint.

Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**8. Have you, or the person discriminated against, filed the same or any other complaints with any other federal, state, or local agency; or with any federal or state court?**

Yes

No

If Yes, provide the date and the complaint was filed: \_\_\_\_\_

Contact person at the agency/court where the complaint was filed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**9. Please sign and date below. A complaint that has not been signed cannot be accepted.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please attach any written materials/other information you think are relevant to your complaint.