



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

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
8th Floor E81-105
Washington, DC 20590
Phone: 202-366-0693
Email: 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: 615-253-1066
Email: Cynthia.Howard@tn.gov

Virginia Department of Transportation
Civil Rights Division
Attention: Civil Rights Division Administrator
1401 E Broad Street
Richmond, VA 23219
Phone: 757-374-9811
Email: Queen.Crittendon@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

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.