## **DESCHUTES COUNTY TITLE VI NOTICE**

Deschutes County operates its programs and services without discrimination based on race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes they have been subjected to an unlawful discriminatory practice as defined under Title VI of the Civil Rights Act may file a complaint with the Deschutes County Department of Administrative Services.

For more information about Deschutes County's civil rights program and the obligations and procedures required to file a complaint:

- Call 541-388-6570
- Visit the Deschutes County Department of Administrative Services located at: 1300 NW Wall Street, Suite 200, Bend, OR 97703
- Write to:
  - Department of Administrative Services Deschutes County PO Box 6005 Bend, OR 97703-6005
- Email to: <u>admin@deschutes.org</u>
- Download the document from Deschutes County's website at <u>www.deschutes.org</u>.

Complaints can also be submitted directly to: ODOT Office of Civil Rights-MS 23

3930 Fairview Industrial Drive SE Salem, OR 97302 (503) 986-3169

Federal Transit Administration, Region 10 Attn: Civil Rights Officer Jackson Federal Building 915 Second Avenue Suite 3142 Seattle, WA 98174-1002 (206) 220-7954; Fax (206) 220-7959

When applicable, a complainant may also file a Title VI complaint directly with any federal agency that supplies funding to Deschutes County in support of the applicable program or service in which the alleged incident occurred. Examples of federal agencies that provide funding to the County include, but are not limited to, the U.S. Environmental

Protection Agency, Department of Agriculture, Department of Justice, Department of Health and Human Services, Department of Homeland Security, and Department of Transportation. Contact information for the Office of Civil Rights operating in such agencies may be found online.

*If this form is needed in another language or format, please call 541-388-6570. Si se necesita esta información en un idioma o formato diferente, por favor llame a 541-388-6570.* 

## DESCHUTES COUNTY TITLE VI COMPLAINT FORM

## CONSOLIDATED CIVIL RIGHTS COMPLAINT FORM

Your Name	Phone	Alternative Phone
Street Address	City, State	Zip Code

Person(s) discriminated against (if differe	nt than the preparer of this form)	
Street Address	City, State	Zip Code

I believe that I (or the person(s) listed above) has been discriminated against on the basis of:					
	Race (Title VI)		Color (Title VI)		National Origin (Limited English Proficiency) (Title VI)
	Disability (ADA)				

Please describe the alleged discrimination incident. Provide the names and titles of all employees involved, if available. Explain what happened and whom you believe was responsible. Please use the back of this form if more space is required. <b>NOTE: This form</b> <b>consolidates information required by multiple federal civil rights programs. Information</b> <b>will be shared based on the type of discrimination identified above. Title VI of the Civil</b> <b>Rights Act covers Race, Color, and National Origin complaints ONLY. Americans with</b> <b>Disabilities Act covers Disability complaints.</b>					
Date of Incident:					

<b>6</b> 11					
Have you filed this com	plaint with an	y other federal, state, or loca	l agency?	Yes	No
lf yes, Agency Name					
Agency Address					
Agency Contact Name (i	f available)				

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature:	Date:	

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

The form may be hand delivered, mailed, or emailed:

Hand deliver to:Mail to:Deputy County AdministratorDepAdministrative Services DepartmentAdministrative Services DepartmentDeschutes CountyDes1300 NW Wall StreetPOBend, OR 97703Ber

Deputy County Administrator Administrative Services Department Deschutes County PO Box 6005 Bend, OR 97703

Email to: admin@deschutes.org

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