

Attachment 4: Southern Oregon Aspire Title VI Complaint Form

Southern Oregon Aspire, as a recipient of federal financial assistance, is required to ensure that all of its activities and any benefits from these activities are conducted in a manner consistent with Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that he or she has been subjected to discrimination under any of Southern Oregon Aspire's programs or activities based on their race, color, national origin, limited English proficiency, sex, income, age or disability may file a written complaint with Southern Oregon Aspire.

Complainant

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Person discriminated against (if other than the complainant)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Were you discriminated against because of your:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Income Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other _____ |

Date and Time of Alleged Incident: _____

Explain as clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved and any Southern Oregon Aspire projects, plans or programs that may have led to the situation you are describing. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

Have you filed this complaint with any other federal, state or local agency or with any court?

Yes No

If yes, check and identify all that apply:

- Federal Agency _____
- Federal Court _____
- State Agency _____
- State Court _____
- Local Agency _____

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature _____

Date _____

Please submit this signed form to and any attachments to:

Southern Oregon Aspire
Title VI Coordinator
1465-B NE 7th Street
Grants Pass, Oregon 97526

NOTICE TO COMPLAINANT: Southern Oregon Aspire is required to forward information about this complaint to ODOT and/or USODOT including the following: (1) Complainant’s name, address, phone number; (2) Name(s) and addresses of alleged discriminating officials (c) Basis of Complaint; (4) Date of alleged discriminatory acts; (5) Date complaint received by recipient (6) Statement of the complaint; (7) Other agencies where the complaint has been filed; (8) An explanation of the actions Southern Oregon Aspire has taken or proposed to resolve the issue in the complaint.