



City of Whitehouse

Title VI / ADA Discrimination Form

This form may be used to file a complaint with the City of Whitehouse based on violations of Title VI of the Civil Rights Act of 1964, and/or the Americans with Disabilities Act (ADA). Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 days, you have 60 days after you became aware to file a complaint. Return the signed form to:

Mail: City of Whitehouse
Attn: ADA Coordinator
101A Bascom Road
Whitehouse, TX 75791
Email: amartinez@whitehousetx.org

For assistance completing this form please contact the ADA Coordinator at 903-510-7500.

Last Name:

First Name:

Mailing Address:

City:

State:

Zip Code:

Telephone:

Alternate Telephone:

Email:

Please state the basis of your complaint:

Race

National Origin

Other

Color

Disability

Date and place of alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date of discrimination.

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 was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional pages, if necessary.)

The law prohibits intimidation or retaliation against anyone because he/she had either taken action, or participated in action, to secure rights protected 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.

Names of individuals responsible for the discriminatory action(s):

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).

Name	Address	Telephone
1.		
2.		
3.		
4.		

Have you discussed the complaint with any City of Whitehouse representative? If yes, please provide the name, position, and date of discussion.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

Please provide any additional information and/or photographs, if applicable, that you believe will assist with an investigation (attach additional pages, if necessary).

For ADA complaints only, please provide the following information:

If applicable, please provide a description and the exact location of the non-accessible feature. Provide a sketch or picture if helpful. (Attach additional pages, if necessary.)

Please provide comments, suggestions, or other information that may assist us in providing a better service.

We cannot accept an unsigned complaint. Please sign and date the complaint form below.

Complainant's Signature (or authorized representative)

Date

Person preparing complaint (if different from complainant)

Relation to complainant