

Complaint Disposition Process

The City has developed procedures for investigating and resolving discrimination-related complaints under the Fort Worth City Code, which charges the City's Human Relations Unit with enforcement.

Alleged Discrimination by City of Fort Worth

Any person or group of persons or their authorized representative may file a complaint of discrimination if such person believes that city services, activities or programs were withheld or denied on a discriminatory basis. Complaints may be filed electronically, by mail, fax, or in person at the City of Fort Worth Human Relations Unit located at 818 Missouri Ave., Fort Worth, Texas 76104; (817) 392-7525, Fax: (817) 392-7529. A discrimination complaint must be filed within 180 days from the date of the most recent occurrence of alleged discrimination.

[Online Complaint Form \(English\)](#)

[Online Complaint Form \(Spanish\)](#)

The Title VI Coordinator is responsible for ensuring that a thorough investigation of the allegation(s) is conducted. Every effort will be made to conclude the investigation within 100 calendar days. The Title VI Coordinator will contact any witnesses identified by the Complainant as a part of the investigation and may confer with such City staff as is necessary to ensure a thorough review of relevant data. Upon completion of the investigation, the Title VI Coordinator will issue a finding and notify the Complainant in writing.

The Complainant will be notified in writing by the Title VI Coordinator within ten working days of the decision being made. The correspondence will provide the disposition of the complaint and will notify the Complainant of the right to appeal within 15 days to the Human Relations Administrator.

If it is determined that there is reasonable cause to believe that discrimination has occurred, the City of Fort Worth will take all necessary action to correct the discrimination.

Alleged Discrimination by Third Party in Federally Funded Activities

Complaints involving alleged discrimination by a third party with respect to any activity funded in whole or in part by Federal financial assistance will be referred to the Federal granting agency or State subgranting agency, as applicable, within ten calendar days of receipt by the City of Fort Worth.


Attachment H is a copy of the City's Discrimination Complaint Policy and the City's Discrimination Complaint Form, which is available in both English and Spanish. A person looking to file a complaint will have access to the information regarding the City's policy through the City's website.

Appeals from City Determination

An individual who is dissatisfied with the initial determination of the Human Relations Unit regarding the individual's discrimination complaint may be able to appeal to the agency or entity from which the City received funding. Whether or not an agency provides an appeal shall be determined in accordance with that agency's administrative regulations and practices.

Attachment H

External Discrimination Complaint Policy and Complaint Form

			
<p>DISCRIMINATION COMPLAINT FORM</p> <p>Mail this signed form to: City of Fort Worth Human Relations Department Hazel Harvey Peace Center 818 Missouri Ave. Fort Worth, Texas 76104 (817) 392-7525 Fax: (817) 392-7529</p>			
Last Name		First Name	
Mailing Address		City	State
Telephone		Alternative Telephone	Email Address
Please indicate the basis of your complaint:			
<input type="checkbox"/> Race	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	
<input type="checkbox"/> Income Status	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Creed	
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 (basis) 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 has 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. (Attach additional pages, if necessary)			
Names of individuals responsible for the discriminatory action(s): (Who do you believe discriminated against you? Include the name, address, and phone number of the individual(s) or organization you believe is responsible for the discriminatory action)			
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 filed, or intend to file, a complaint, regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply:

U. S. Department of Transportation

Federal Highway Administration

Federal Transit Administration

Federal Aviation Administration

Office of Federal; Contract Compliance Programs

U.S. Equal Employment Opportunity Commission

U.S. Department of Justice

Other:

Have you discussed the complaint with any SMBR or COA representative? If yes, provide the name, position, and date(s) 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.

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

Complainant's Signature

Date

FOR OFFICE USE ONLY

Date Complaint Received:		Processed By:	
Case #:			
Referred To:		Date Referred:	
<input type="checkbox"/> USDOT	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA
<input type="checkbox"/> OFCCP	<input type="checkbox"/> US EEOC	<input type="checkbox"/> USDOJ	<input type="checkbox"/> Other

FORMULARIO DE QUEJA DE TÍTULO VI DISCRIMINATION

Envíe por correo, fax o correo electrónico este formulario firmado a:
 City of Fort Worth Human Relations Department
 200 Texas Street
 Fort Worth, Texas 76102

(817) 392-7525 Fax: (817) 392-7529
 Email: FWHRC@fortworthtexas.gov

Apellido		Nombre		
Dirección de envío		Ciudad	Estado	Código postal
Teléfono	Alternativo teléfono	Correo electrónico		
Indique la base de su queja:				
<input type="checkbox"/> Raza	<input type="checkbox"/> Age	<input type="checkbox"/> Origin Nacional		
<input type="checkbox"/> Color	<input type="checkbox"/> Sexo	<input type="checkbox"/> Incapacidad		
<input type="checkbox"/> Estado de Ingresos	<input type="checkbox"/> Potencialidad Limitada en Inglés	<input type="checkbox"/> Religión		
Fecha y lugar de la presunta acción (es) discriminatoria (s). Incluya la fecha más temprana de discriminación y la fecha más reciente de discriminación				
¿Cómo te discriminaron? Describa la naturaleza de la acción, decisión o condiciones de la supuesta discriminación. Explique lo más claramente posible qué sucedió y por qué cree que su estado protegido (base) fue un factor en la discriminación. Incluya cómo otras personas fueron tratadas de manera diferente a usted. (Adjunte páginas adicionales, si es necesario)				
La ley prohíbe la intimidación o represalia contra cualquier persona porque ha actuado o participado en acciones para garantizar los derechos protegidos por estas leyes. Si siente que ha recibido represalias, aparte de la discriminación alegada anteriormente, explique las circunstancias a continuación. Explique qué acción tomó y cuál cree que fue la causa de la presunta represalia. (Adjunte páginas adicionales, si es necesario)				
Nombres de la (s) persona (s) responsable (s) de la (s) acción (es) discriminatoria (s): ¿Quién cree que lo discriminó? Incluya el nombre, dirección y número de teléfono de la (s) persona (s) u organización que usted cree que es responsable de la acción discriminatoria				
Nombres de personas (testigos, compañeros de trabajo, supervisores u otros) a quienes podemos contactar para obtener información adicional que respalde o aclare su reclamo: (Adjunte páginas adicionales, si es necesario)				
	Nombre	Dirección		Teléfono
1.				
2.				
3.				
4.				

¿Ha presentado o tiene la intención de presentar una queja sobre el asunto presente en cualquiera de las siguientes agencias? Si afirma que sí, proporcione las fechas de la(s) presentación(es) de queja(s). Marque todo lo que corresponda:

<input type="checkbox"/> U. S. Department of Transportation
<input type="checkbox"/> Federal Highway Administration
<input type="checkbox"/> Federal Transit Administration
<input type="checkbox"/> Federal Aviation Administration
<input type="checkbox"/> Office of Federal; Contract Compliance Programs
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission
<input type="checkbox"/> U.S. Department of Justice
<input type="checkbox"/> Otro:

¿Ha discutido la queja con algún representante de SMBR o COA? En caso afirmativo, proporcione el nombre, el cargo y la (s) fecha (s) de discusión.

Explique brevemente qué remedio o acción está buscando para la supuesta discriminación.

Proporcione información adicional y / o fotografías, si corresponde, que considere que ayudarán con una investigación.

No podemos aceptar una queja sin firma. Firme y feche el formulario de queja a continuación.

Firma _____	Fecha _____		
SÓLO PARA USO DE OFICINA			
Date Complaint Received:	Processed By:		
Case #:			
Referred To:	Date Referred:		
<input type="checkbox"/> USDOT	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA
<input type="checkbox"/> OFCCP	<input type="checkbox"/> US EEOC	<input type="checkbox"/> USDOJ	<input type="checkbox"/> Other