

**JEFFERSON COUNTY Indiana**

**Title VI**

**Notice to the Public**

The County of **Jefferson**, Indiana prohibits discrimination and/or the exclusion of individuals from its municipal facilities, programs, activities and services based on the individual person's race, color, national origin, sex, age, disability, low income status, sexual orientation or limited English proficiency.

The County of **Jefferson, Indiana** affirms its commitment to providing meaningful opportunities and access to municipal facilities, programs, activities and services in an effort to comply with all laws including: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; and the Americans with Disabilities Act of 1990, as amended.

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*Jefferson County, Indiana*

- Title VI ..... -

**Complaint Form**

**Complaints must be filed within 180 days of the alleged act of discrimination.**

**Section 1**

**Name**

\_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address \_\_\_\_\_

Accessible Format Requirements?

Large Print          Audio tape

f O                  Other

\_\_\_\_\_

**Section ii**

Are you filing this complaint on your own behalf?

Yes \_\_\_ No \_\_\_

[if you answered "yes" to this question, go to erection Ili.]

If not, please supply the name and relationship of the person for whom you are complaining

\_\_\_\_\_

Please explain why you have filed for a third party.

\_\_\_\_\_  
\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes \_\_\_ No \_\_\_

TITLE VI COMPLAINT LOG  
County of Jefferson, Indiana

Report Year

Have you previously filed a-Title VI complaint with this agency?-Yes \_\_\_ No\_\_\_

Section IV

Name of agency complaint is against.

\_\_\_\_\_

Contact person \_\_\_\_\_ Title Telephone \_\_\_\_\_  
number. \_\_\_\_\_

**On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint. Please include the basis of the complaint; race, color, national origin, sex, age, disability or income status.**

Please sign here

Date \_\_\_\_\_

(Note - We cannot accept your complaint without a signature.)

***Please mail your completed form to: Robert Little, Title VI Coordinator, County of Jefferson, 300 East Main Street, Room 103 Madison, Indiana 47250***

TITLE VI COMPLAINT LOG  
 County of Jefferson, Indiana

Report Year

Name						
Address						
<b>Status of Complainant:</b>						
Race	Color	National Origin	Sex	Age	Disability/Handicap	Income Status
Nature of Complaint (If you need more space please attach additional sheets)						
Recipient (Processor of Complaint)						
Date Filed		Date investigation Completed		Date of Disposition		
Disposition (If you need more space please attach additional sheets)						

Name						
Address						
<b>Status of Complainant.</b>						
Race	Color	National Origin	Sex	Age	Disability-Handicap	income Status
Nature of Complaint (if you need more space please attach additional sheets)						
Recipient (Processor of Complaint)						
Date Filed		Date investigation Completed		Date of Disposition		
Disposition (If you need more space please attach additional sheets)						

## TITLE VI DISCRIMINATION 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 active receiving federal assistance."

1. Name (Complainant):	2. Phone:	3. Home address (street#, city, state, zip):
4. If applicable, name of any person(s) who allegedly discriminated against you:		
5. Location and position of person(s) if known:		6. Date of alleged incident:
7. Discrimination because of:		
<input type="radio"/> Race	<input type="radio"/> Gender	<input type="radio"/> Other:
<input type="radio"/> National Origin	<input type="radio"/> Age	
<input type="radio"/> Color	<input type="radio"/> Veteran Status	
<input type="radio"/> Disability	<input type="radio"/> Religion	
8. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons are treated differently than you. Attach additional sheets as needed. Also, attach any written material pertaining to your case.		
9. Why do you believe these events occurred?		
10. What other information do you think is relevant to the investigation?		
11. How can this/these issue(s) be resolved to your satisfaction?		
12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):		
Signature:		Date:

# TITLE-VI IMPLEMENTATION-PLAN COUNTY OF JEFFERSON, INDIANA

## NON-DISCRIMINATION POLICIES PUBLIC ACCESS TO FACILITIES, PROGRAMS, ACTIVITIES & SERVICES POLICY

### PART A - POLICY STATEMENT

#### I. General Commitment to Non-Discrimination

**JEFFERSON COUNTY, Indiana** prohibits discrimination and/or the exclusion of individuals from its municipal facilities, programs, activities and services based on the individual person's race, color, national origin, sex, age, disability, low income status, sexual orientation or limited English proficiency. **JEFFERSON COUNTY, Indiana** affirms its commitment to providing meaningful opportunities and access to municipal facilities, programs, activities and services in an effort to comply with all laws including: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; and the Americans with Disabilities Act of 1990, as amended.

**JEFFERSON COUNTY, Indiana** will post a Title VI Notice to the Public at each facility that receives and/or provides programs, goods, &/or services to the public.

#### II. Persons with Disabilities

**JEFFERSON COUNTY, Indiana** is committed to including qualified individuals with disabilities in municipal services, programs and activities. For further information please see **JEFFERSON COUNTY, Indiana's** ADA Transition Plan.

#### III. Limited English Speaking (LEP) Persons

**JEFFERSON COUNTY, Indiana** is committed to providing persons with Limited English Proficiency (LEP) meaningful access and equal opportunity to participate in our services, activities and programs. **JEFFERSON COUNTY, Indiana** will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in **our** services, activities, programs and other benefits.

Which documents must be translated, when oral translation is necessary, and whether such services must be immediately available depend on many factors. As a result, **JEFFERSON COUNTY, Indiana** is committed to following the United States Department of Justice (USDOJ) guidance on making such determinations, which includes determining:

- 1) Number or Proportion of LEP Individuals
- 2) Frequency of Contact with the Program
- 3) Nature and Importance of the Program
- 4) Resources Available to **JEFFERSON COUNTY, Indiana**

This will be monitored and accomplished through the use of *Language Identification Flashcards* made available through the *United States Census 2010*, additionally LEP and other disadvantaged encounters will be tracked by city personnel through the *use of Encounter Forms* placed at the front desk of each department. Each department head will determine how this policy is incorporated in their individual department and its needs.

#### IV. Contacting **JEFFERSON COUNTY , Indiana**

Individuals with requests for services, questions or complaints concerning **JEFFERSON COUNTY, Indiana** Non-Discrimination Policy on "Public Access to Facilities, Programs, Activities & Services Policy" should contact **JEFFERSON COUNTY** Title VI Coordinator. The Title VI Coordinator of **JEFFERSON COUNTY, Indiana** is:

ROBERT LITTLE  
Title VI Coordinator  
300 East Main Street  
Madison, Indiana  
47250

### **PART B ••• NON DISCRIMINATION STANDARD OPERATING PROCEDURES**

#### I. Elimination of Discrimination

**Jefferson County, Indiana** will continue to work to identify and eliminate discrimination on race, color race, color, national origin, sex, age, disability, low income status, sexual orientation or limited English proficiency. If discrimination is found to exist, **Jefferson County, Indiana** will implement appropriate policies, procedures or programs to eliminate the discrimination. Programs and procedures, include, but are not limited to: Limited English Proficiency access plan; extend contracting and subcontracting activities to Disadvantaged Business Enterprises (DBE) and non DBE minority and female owned business; and monitoring contractors and consultants for Title VI compliance.

#### II. Public Outreach

**Jefferson County, Indiana** is committed to providing the general public with information on the non-discrimination protections provided by Title VI, Section 504 and the ADA. **Jefferson County, Indiana** will pursue all available opportunities to educate the public on issues relating to discrimination under Title VI, Section 504 and the ADA. Public outreach may include, but is not limited to, posting **Jefferson County, Indiana's** non-discrimination policy in public locations, including **Jefferson County, Indiana's** non-discrimination policy in public notices as appropriate.

#### III. Limited English Proficiency

IV **Jefferson County, Indiana** will take reasonable steps to insure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits.

For any program or project receiving federal funds **Jefferson County, Indiana** will conduct a four part analysis to determine what, if any, limited English proficiency services will be required.

The four factors to be considered in determining the need and type of language assistance services are:

1. Number or Proportion of LEP Individuals
2. Frequency of Contact with the Program
3. Nature and Importance of the Program
4. Resources Available to **Jefferson County, Indiana**

If a review of the first two factors, show that less than five percent (5%) of the intended beneficiaries of the program or project are limited English proficient, no language assistance measures will be developed for that program or project. This will be determined through United States Census Bureau data as well as a review of Encounter Forms completed by city personnel.

However, in an effort to ensure that persons with Limited English Proficiency have meaningful access and equal opportunity, **Jefferson County, Indiana** will accommodate any and all requests for oral or written translation services.

If more the five percent (5%) of the intended beneficiaries of the program or project are limited English proficient, **Jefferson County, Indiana** will review the nature and importance of the program or project to determine what language assistance measures should be developed for the program or project. The resources available to **Jefferson County, Indiana** should be considered in determining the appropriate language assistance measures. Language assistance measures may include, but are not limited to, oral translation services, including the use of a telephone interpreter line, and written translation services.

#### IV. Monitoring Contractors and Consultants

**Jefferson County, Indiana** will ensure that all federally funded contracts contain required Title VI assurances prohibiting discrimination in violation **Jefferson County, Indiana's** policy on non-discrimination. **Jefferson County, Indiana** will monitor in consultants and contractors for compliance with **Jefferson County, Indiana's** non-discrimination policy. **Jefferson County, Indiana** will promptly investigate any alleged claim of discrimination and will work with the consultant or contractor to obtain voluntary compliance with **Jefferson County, Indiana's** non-discrimination policy.

### **PART C - COMPLAINT PROCEDURE**

Any person who believes that he or she, on the basis of race, color, national origin, gender, age, disability, religion, low income status, or Limited English Proficiency, has been excluded from or denied participation in, been denied the benefits of, or otherwise been subjected to discrimination in or under any program or activity receiving federal funding assistance in violation of Title VI of the Civil Rights Act of



1964 as amended and its related statutes, regulation and directives, may submit a complaint to **Jefferson County, Indiana** assures every effort will be made to ensure non-discrimination in all of its programs and activities, whether those programs and activities are federally funded or not.

Complaint forms may be found at the **Jefferson County Courthouse**. Individuals are not required to use the complaint form and may submit a complaint in any format that includes the name, address and telephone number of the individual complaining and brief description of the alleged discriminatory conduct including the date of harm. An individual submitting a complaint alleging discrimination may include relevant evidence, including the names of witnesses and supporting documentation. A complaint must be signed by the complainant.

Complaint forms must be submitted within one hundred eighty (180) days of the date of the alleged discrimination. Complaint form should be directed to:

Robert Little  
Title VI Coordinator  
300 East Main Street  
Madison, Indiana 47250

Within sixty days of the receipt of the complaint, the Title VI Coordinator will conduct an investigation of the allegation based on the information provided and issue a written report of its findings to the complainant. The Title VI coordinator will try to obtain an informal voluntary resolution to all complaints at the lowest level possible.

Any person aggrieved by the findings of the Title VI Coordinator may, within fifteen (15) days of the receipt of the response of the Title VI Coordinator, file an appeal to the **Jefferson County Commissioners**, within fifteen calendar days after receipt of the appeal of the Title VI Coordinator's report, the Commissioners will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the **Commissioners** will respond in writing, will explain their position and offer a final resolution of the complaint.

These procedures do not deny the right of any individual to file a formal complaint with any government agency or affect an individual's right to seek private counsel for any complaint alleging discrimination.

Complaints may also be filed with the following governmental agencies:

Indiana Department of Transportation

Economic Opportunity Division  
100 N. Senate Ave, Room N750  
Indianapolis, IN 46204  
Phone: (317) 233-6511  
Fax: (317) 233-0891

Indianapolis District EEOC Office

101 West Ohio Street, Ste 1900  
Indianapolis, IN 46204  
Phone: (800) 66-4000  
Fax: (317) 226-7953  
TTY: 1 (800) 669-6820

Indiana Civil Rights Commission  
100 N. Senate Ave, Room N103  
Indianapolis, IN 46204 - - - -  
Phone: (317) 232-2600  
Fax: (317) 232-6560  
Hearing Impaired: 1 (800) 743-3336

