**Section 5: Title VI Complaint Form**

The  **Seymour Parks and Recreation Department’s** Title VI Complaint Procedure is made available in the following locations:

Agency website, if available:[City of Seymour Parks & Recreation (seymourcity.com)](https://seymourcity.com/index.php/offices/seymour-parks-recreation)

Hard copy in the central office

Agency Title VI Plan

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I:** | | | | | | | | | | |
| **Name:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Telephone (Home):** | | | | **Telephone (Work):** | | | | | | |
| Email Address: | | | | | | | | | | |
| Accessible Format Requirements? | Large Print | | | | | **Audio Tape** | | | | |
| TDD | | | | | **Other** | | | | |
| **Section II:** | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | Yes\* | | No | |
| \*If you answered "yes" to this question, go to Section III. | | | | | | | | | | |
| 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 |
| **Section III:** | | | | | | | | | | |
| I believe the discrimination I experienced was based on (check all that apply):  [ ] Race [ ] Color [ ] National Origin  Date of Alleged Discrimination (Month Day, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Section IV** | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | | | Yes | No | | |
| **Section V** | | | | | | | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal Agency:  [ ] Federal Court [ ] State Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | |
| **Name:** | | | | | | | | | | |
| **Title:** | | | | | | | | | | |
| **Agency:** | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | |
| **Section VI** | | | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | | | |
| Contact person: | | | | | | | | | | |
| Title: | | | | | | | | | | |
| Telephone number: | | | | | | | | | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

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

Signature Date

If information is needed in another language, contact 812-522-6420

Please submit this form to:

**Seymour Parks and Recreation Department**

**Chad Keithley, Director**

**301-309 N Chestnut Street**

**(812)522-6420**

**ckeithley@seymourin.org**

Sección 5: Formulario de Queja del Título VI

El Procedimiento de Queja del Título VI del Nombre de la Agencia Insertada está disponible en las siguientes ubicaciones:

☒ Sitio web de la agencia, si está disponible: Parques y Recreación de la Ciudad de Seymour (seymourcity.com)

☒ Copia impresa en la oficina central

☒ Plan de Título VI de la Agencia

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sección I:** | | | | | | | | | | | |
| **Nombre:** | | | | | | | | | | | |
| **Dirección:** | | | | | | | | | | | |
| **Teléfono (Casa):** | | | | **Teléfono (Trabajo):** | | | | | | | |
| Dirección de correo electrónico: | | | | | | | | | | | |
| ¿Requisitos de formato accesible? | Cinta de audio con letra grande | |  | | |  | | | | |  |
| TDD Otros | |  | | |  | | | | |  |
| **Sección II:** | | | | | | | | | | | |
| ¿Está presentando esta queja en su propio nombre? | | | | | | | Si | | No | | |
| \*Si respondió "sí" a esta pregunta, vaya a la Sección III. | | | | | | | | | | | |
| De lo contrario, proporcione el nombre y la relación de la persona por la que se queja: | | | | | | |  | | | | |
| Por favor, explique por qué ha presentado la solicitud para un tercero: | | | | |  | | | | | | |
|  | |  |  | | |  | | | |  | |
| Confirme que ha obtenido el permiso de la parte agraviada si presenta la solicitud en nombre de un tercero. | | | | | | | Si | | | No | |
| **Sección III:** | | | | | | | | | | | |
| Creo que la discriminación que experimenté se basó en (marque todo lo que corresponda):  [ ] Raza [ ] Color [ ] Origen nacional  Fecha de la presunta discriminación (mes, día, año) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explique lo más claramente posible lo que sucedió y por qué cree que fue discriminado. Describa a todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la(s) persona(s) que lo discriminó (si se conoce), así como los nombres y la información de contacto de los testigos. Si necesita más espacio, utilice el reverso de este formulario.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Sección IV** | | | | | | | | | | | |
| ¿Ha presentado previamente una queja del Título VI ante esta agencia? | | | | | | | Sí\_\_\_\_ | No\_\_\_ | | | |
| **Sección V** | | | | | | | | | | | |
| ¿Ha presentado esta queja ante alguna otra agencia federal, estatal o local, o ante algún tribunal federal o estatal?  [ ] Sí [ ] No  En caso afirmativo, marque todo lo que corresponda:  [ ] Agencia Federal:  [ ] Tribunal Federal [ ] Agencia Estatal  [ ] Tribunal Estatal [ ] Agencia Local | | | | | | | | | | | |
| Sírvase proporcionar información sobre una persona de contacto en la agencia/tribunal donde se presentó la queja. | | | | | | | | | | | |
| **Nombre:** | | | | | | | | | | | |
| **Título:** | | | | | | | | | | | |
| **Agencia:** | | | | | | | | | | | |
| **Dirección:** | | | | | | | | | | | |
| **Teléfono:** | | | | | | | | | | | |
| **Sección VI** | | | | | | | | | | | |
| Nombre de la agencia La queja es contra: | | | | | | | | | | | |
| Persona de contacto: | | | | | | | | | | | |
| Título: | | | | | | | | | | | |
| Número de teléfono: | | | | | | | | | | | |

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

Fecha de firma

Si necesita información en otro idioma, póngase en contacto con 812-522-6420

Envíe este formulario a:

Departamento de Parques y Recreación de Seymour

Chad Keithley, Director

301-309 N Calle Castaña

(812)522-6420

ckeithley@seymourin.org