CAC TITLE VI
COMPLIANT PROCEDURES

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Knoxville-Knox County Community Action Committee (hereinafter referred to as “CAC”) may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form. CAC investigates complaints received not later than 180 days after the alleged incident. CAC will process complaints that are complete.

CAC Title VI Complaint Form
The attached form is to be used by the complainant to file a complaint with CAC. In lieu of this form, the complainant may submit a letter describing the complaint.

CAC Report of Investigation
The CAC Title VI Coordinator will investigate and use the attached form to summarize and report the findings of an investigation; or the general outline of the form can be incorporated into a report structured by the investigator, if it addresses the essential issues outlined in the form. If it is determined that more information is needed to resolve the complaint, CAC may contact the complainant in writing for additional information. The complainant has 30 business days from the date of the letter to send requested information to the CAC Title VI Coordinator. If the CAC Title VI Coordinator is not contacted by the complainant or if CAC does not receive the additional information within 30 business days, CAC can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue their case.

After the CAC Title VI Coordinator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A letter of finding summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff or other action will occur. If the complainant wished to appeal the decision, she/he has 30 days after the day of the closure letter or the letter of finding to do so.

CAC Withdrawal of Complaint or Appeal for Fair Hearing
The attached form is to be used by the complainant to withdraw a complaint (CAC level) or appeal (state level). A request for withdrawal must be in writing.

CAC Appeal from Finding
The attached form is to be used by the claimant to appeal a finding or the proposed remedial action. This form is submitted directly to the Tennessee Human Rights Commission.

CAC Transit Complaints
A person may also file transportation complaints directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590; or the Tennessee Department of Transportation, Civil Rights Division, 505 Deaderick Street Suite 1800, Nashville, TN 37243.
Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Knoxville-Knox County Community Action Committee (hereinafter referred to as “CAC”) may file a Title VI complaint by completing this form. All complaints must be received no later than 180 days after the alleged incident. CAC will process complaints that are complete. The following information is requested to help in processing your complaint. If you need help in completing this form please request assistance.

Section I:
Complainant Name: ___________________________________________________________
Address: _____________________________________________________________________
Telephone (Home): ___________________ Telephone (Work): _______________________
Electronic Mail Address: _______________________________________________________

Section II:
Are you filing this complaint on your own behalf? □ Yes □ No
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 the names and contact information of any witnesses. If more space is needed, please use the back of this form.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please sign below. You may attach any additional information you think is relevant to your complaint.

Signature of Complainant ___________________________ Date ___________________________
CAC Report of Investigation

I, _________________________ have investigated the complaint filed on ____________________

CAC Title VI Coordinator Date

by __________________________ against __________________________

Complainant CAC Program or Staff Person

alleging that discrimination occurred which was in violation of the provisions of Title VI of the Civil Rights Act of 1964.

The findings of the investigation are:

_____ A. CAC was found to be in violation of Title VI.

_____ B. CAC was not found to be in violation of Title VI.

_____ C. The complainant has withdrawn the complaint.

Note: If CAC was found to be in violation of Title VI, briefly describe the remedial action (s) to be taken.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Note: If CAC was not found to be in violation, briefly describe the reason (s) why below:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Date CAC Title VI Coordinator
CAC Withdrawal of Complaint or Appeal for Fair Hearing

Date______________________

To:        CAC Title VI Coordinator
             2247 Western Avenue
             P. O. Box 51650
             Knoxville, TN 37950-1650

I, _______________________________ hereby withdraw my ( ) complaint or ( ) appeal
filed on _____________________ against _____________________________________
                 Date       Name
located at __________________________________________________________

Complainant’s Name _______________________________________________________
Address _________________________________________________________________

Reason for Withdrawal

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Complainant Signature ________________________________

Received by: ________________________________      Date _____________________
Appeal From Finding

To: CAC Title VI Coordinator
2247 Western Avenue
P. O. Box 51650
Knoxville, TN 37950-1650

I, ____________________________________, wish to appeal the finding made on
Name of Appellant

_________________________ by ___________________________
Date of Finding Name of Investigator

of ( ) Non-Discrimination or ( ) the proposed remedial action by the agency in the Title VI
complaint as filed by _________________________________
Complainant

on __________________ against __________________________________
Date Person or Agency

at ___________________________________________________________________

Signed __________________________
Appellant

Address ___________________________

_________________________
Date of Appeal

Received by: ______________________ Date ______________________

Is a letter from complainant detailing reasons for appeal attached? Yes ____ No ______