City of Liberal
324 N. Kansas Ave.
Liberal, Kansas 67901

Title VI Complaint Procedure

The following pertains only to Title VI complains regarding the services of:

The City of Liberal (herein after referred to as City)

Title VI, 42 U.S.C. 2000d et seq., was enacted as part of the Civil Rights of 1964. The intent is as follows:

> *No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.*

The City has in place Title VI Complaint Procedures which outline a process for local disposition of Title VI complaints and is consistent with guidelines found in Chapter III of the Federal Transit Administration Circular 4702.18, dated October 1, 2012, including the Federal Highway Administration (FHWA), Federal Aviation Administration (FAA), and U.S. Department of Transportation (USDOT) Administrations. If you believe the City Federally funded programs have discriminated against your Civil Rights on the basis of race, color, or national origin, you may file a written complaint by following the procedures outlined below:

1. **Submission of Complaint**

   Any person who feels that he or she, individually or as a member of any class of persons, on the basis of race, color, or national origin has been excluded from or denied the benefits of, or subjected to discrimination caused by the City, may file a written complaint with the City Manager. A complaint form is available in hard copy at City Hall, Office of the City Manager, or you may call 620-626-2204 to request the form be emailed or have the form mailed to you. **Such complaints must be filed within 180 calendar days after the date the discrimination occurred.**

   Note: Assistance in the preparation of any complaints will be provided to any person or persons upon request as appropriate. If information is needed in another language, then contact Angelica Arroyo at 620-626-2212.

   Complaints should be mailed to or submitted by hand to:

   City of Liberal
   324 N. Kansas Ave.
   Liberal, KS 67901

2. **Referral to Review Officer**

Upon receipt of the complaint, the City of Liberal Human Resources Director shall appoint one or more staff review officers, as appropriate, to evaluate and investigate the complaint. If necessary, the Complainant shall meet with the staff review officer(s) to further explain his or her complaint. The staff review officer(s) shall complete their review no later than 45 calendar days after the date the agency received the complaint. If more time is required, the City Manager shall notify the Complainant of the estimated timeframe for completing the review. Upon completion of the review, the staff review officer(s) shall make a recommendation regarding the merit of the complaint and whether remedial actions are available to provide redress. Additionally, the staff review officer(s) may recommend improvements to the City processes relative to Title VI, as appropriate. The staff review officer(s) shall forward their recommendations to the City Manager for concurrence. If the City Manager concurs, he or she shall issue the City's written response to the Complainant. The final report should include a summary of the investigation, all findings with recommendations and corrective measures where appropriate.

Note: Upon receipt of a complaint, the City of Liberal Human Resources Director shall forward a copy of this complaint and the resulting written response to the appropriate KDOT and appropriate USDOT Operating Administration.

3. **Request for Consideration**

If the Complainant disagrees with the City Manager's response, he or she may request reconsideration by submitting the request, in writing to the City Manager within 10 calendar says after receipt of the City Manager's response. The request for reconsideration shall be sufficiently detailed to contain any items to contain any items the Complainant feels were not fully addressed or understood by the City Manager. The City Manager will notify the Complainant of his or her decision in writing either to accept or deny the request from reconsideration within 10 calendar days. In cases where the City Manager agrees to reconsider, the matter shall be returned to the staff review officer(s) to re-evaluate in accordance with Paragraph 2 above.

4. **Appeal**

If the request for reconsideration is denied, the Complainant may appeal the City Manager's response by submitting a written appeal to the City Commission no later than 10 calendar days after the receipt of the City Manager's written decision rejecting reconsideration. The City Commission will then make a determination to either request re-evaluation by the staff review officer(s) or forward the complaint to KDOT for further investigation.

5. **Submission of Complaint to the State of Kansas Department of Transportation**

If the Complainant is dissatisfied with the City's resolution of the complaint, he or she may also submit a written complaint within 180 calendar days after the alleged date of discrimination to the State of Kansas Department of Transportation for further investigation.

KDOT Office of Civil Rights Compliance
Eisenhower State Office Building
700 SW Harrison
3rd Floor West
Topeka, KS 66603

City of Liberal
324 N. Kansas Ave.
Liberal, Kansas 67901

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail 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 al that apply):				
( ) Race ( ) Color ( ) Sex ( ) National Origin ( ) Religion ( ) Age				
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 any witnesses. If more space is needed, please attach additional pages.				

Section IV:		
Have you previously filed a Title VI compliant 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: _____ ( ) State Agency:_____
( ) Federal Court: _____ ( ) Local Agency:_____
( ) State Court: _____

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:_____

Please submit this form in person at the address below, or mail this form to:

City Manager
City of Liberal
324 N. Kansas Ave.
Liberal, KS 67901