**BACKGROUND**

The City of Redding (City) will ensure that no person is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any of its projects, activities, or services and business opportunities on the basis of race, color, national origin, age, sex or disability as afforded by Title VI of the Civil Rights Act of 1964 (Title VI) and related statutes, as amended. All persons, regardless of their citizenship status, are covered under this regulation.

**PURPOSE**

The purpose of this policy is to affirm the City’s commitment to non-discrimination under Title VI. The City strives to ensure non-discrimination in all of its projects, activities, or services and business opportunities whether or not they are federally funded. Any person who believes they have been aggrieved by any unlawful discriminatory practice may file a complaint as outlined in the City of Redding’s Title VI Program Manual. In addition, the City’s Personnel Policy – Harassment, Discrimination, and Retaliation further addresses policy and complaint procedures, and is accessible to the public online and in the City’s Personnel office.

A) It is the intent of the City Council (Council), that as a far-reaching organization, the City take a proactive leadership role in good faith efforts to achieve non-discriminatory practices in serving all citizens of Redding and recipients of City programs and service offerings, inclusive of minority populations and low-income populations, as provided herein. In addition, it is the intent of the Council to ensure the City provides equal employment and business opportunities to individuals with Limited English Proficiency (LEP).

B) As a recipient of federal funds, the City has designated Title VI Coordinators in an effort to comply with and carry out the requirements of the Title VI Regulations, as amended.

**POLICY**

It shall be the policy of the Council to ensure the City provides LEP individuals access to the City’s projects, activities, and services and to maintain compliance with the Title VI Regulations.

The City endorses the goals of Title VI, ensuring equal participation of LEP individuals. The major principles of mainstreaming which the City of Redding endorses are:

1) LEP Individuals shall be integrated to the maximum extent appropriate.

2) The City’s Title VI Policy is posted in high volume areas such as websites and administrative offices of the City. This regulation shall be maintained in English.

3) LEP individuals shall not be excluded from the regular programs of the City, or required to accept special services or benefits.
The City will not impose eligibility criteria for participation in its projects, activities, or services that either screen out or tend to screen out LEP individuals, unless it can show that such requirements are necessary for the provision of the service, program, or activity.

**POLICY IMPLEMENTATION AND TITLE VI COORDINATOR DESIGNATIONS**

Title VI requires public entities to designate at least one employee to coordinate the investigation of complaints from LEP individuals.

1) **Employees.** Each Department Director is responsible for ensuring that there is no discrimination against LEP persons by: 1) ensuring that all employees under their direction are informed of this City policy; and 2) ensuring that any instances or allegations of discrimination are immediately reported to the Personnel Director. The Personnel Department will ensure that each employee receives a copy of this policy.

   The Personnel Director will ensure that all complaints are investigated and will attempt resolution of complaints filed in the Personnel Department. Individuals are encouraged to immediately report any act of discrimination to their supervisor, department director, or the Personnel Director. Staff receiving complaints should fully inform the individual of their rights, take appropriate and timely steps to investigate, and, when merited, take prompt and effective remedial action.

   Title VI Coordinator
   Personnel Director (or his/her designee)
   777 Cypress Avenue
   Redding, CA 96001
   (530) 225-4065

2) **Public Works.** The Title VI Coordinator for the public services provisions of Title VI, covering program accessibility, communications, architectural barrier, and transportation issues.

   Title VI Coordinator
   Director of Public Works (or his/her designee)
   777 Cypress Avenue
   Redding, CA 96001
   (530) 245-7156

3) **Housing.** The Title VI Coordinator for Housing is as follows:

   Title VI Coordinator
   Housing Manager (or his/her designee)
   777 Cypress Avenue
   Redding, CA 96001
   (530) 245-7136
4) **Public Complaint Procedure.** The Title VI Coordinator shall be responsible for investigating any complaint or communication to the City alleging non-compliance with Title VI. The Title VI Coordinator for the general public is as follows:

Title VI Coordinator  
City Attorney  
777 Cypress Avenue  
Redding, CA 96001  
(530) 225-4385

**PROCEDURE**

1) **Who May File a Complaint.** Any person who believes that he or she or a specific class of individuals has been subjected to unlawful discriminatory practice under Title VI by the City may, on his/her own behalf or by an authorized representative, file a complaint under this procedure with one of the aforementioned Title VI coordinators.

2) **Non-Retaliation.** No person who files a complaint, nor any person who cooperates in the investigation of a complaint, shall be subjected to retaliation, and the City shall take reasonable steps to protect such persons from retaliatory actions.

3) **Complaint.** Persons having a complaint are encouraged to first contact, by telephone or in person, the appropriate Title VI Coordinator to attempt to informally resolve the complaint. If this does not yield a satisfactory resolution, a complaint form may be filed.

4) **Filing.** The Title VI Complaint Form shall be filed with the appropriate Title VI Coordinator.

5) **Complainants may submit their complaint form to the City or to an external federal agency, such as FAA, FHWA, or FTA. However, should a complaint be filed with the City and one the federal agency simultaneously, the federal complaint will supersede City’s complaint and the City's complaint procedures will be suspended pending the federal agency’s findings. Every effort will be made to obtain a timely resolution of complaints. The following procedures will be followed to investigate formal Title VI Complaints:**

5.1 **The formal complaint must meet the following requirements:**

   a. **Complaint shall be in writing and signed by the complainant(s).** In cases where complainant is unable or incapable of providing written statement, a verbal complaint may be made. The investigator assigned to the case will interview the complainant and assist the person in converting verbal complaints to writing. All complaints must, however, be signed by the complainant or his/her representative.

   b. **Include the date of the alleged act of discrimination, date when the complainant became aware of the alleged discrimination, date on which the conduct was discontinued, or the latest instance of conduct.**
c. Present a detailed description of the issues, including names and job titles of those individuals perceived as parties in the complaint.

d. Federal and State law requires complaints to be filed within 180 calendar days of the alleged incident.

5.2 Within 14 business days of receiving the complaint, the Title VI Coordinator will determine its jurisdiction, sufficiency, need for additional information, and investigate the merit of the complaint. The complainant will receive an acknowledgment letter informing him/her whether the City’s Title VI Coordinator has accepted or rejected the complaint.

5.3 Once the Title VI Coordinator approves the complaint for investigation, the complaint will receive a complaint number and the complaint will be logged identifying: the complainant’s name; factual allegations; and alleged discrimination under Title VI.

5.4 If more information is needed to evaluate the claim, the Title VI Coordinator may contact the complainant. The complainant has 10 business days from the date of the letter to send requested information to the Title VI Coordinator. If the Title VI Coordinator is not contacted by the complainant or does not receive additional information within 10 business days, the Title VI Coordinator may terminate the investigation and close the complaint.

5.5 In cases where the City investigates the complaint, within 90 calendar days of the complaint, the investigator will issue either: 1) a closure letter or 2) a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the complaint will be closed. A LOF summarizes the allegations, and informs the complainant that the Title VI Coordinator found the complaint to have merit and it will take appropriate corrective action to remedy the matter.

5.6 If the complainant is unsatisfied with the decision, he/she may file an appeal with the appropriate federal agency for their decision.

THE TITLE VI COMPLAINT FORM

A complaint form can be obtained from any of the Title VI Coordinators or online at www.cityofredding.org/TitleVI. A copy is attached to this policy.
COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Federal Coordination and Compliance Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not this form is used.

1.* State your name and address.
Name: ____________________________________________
Address: _______________________________________
_________________________________________ Zip
Telephone: Home: (____)_________________ Work or Cell: (____)_____________

2.* Person(s) discriminated against, if different from above:
Name: __________________________________________
Address: ______________________________________
_________________________________________ Zip
Telephone: Home: (____)_________________ Work or Cell: (____)_____________
Please explain your relationship to this person(s).
______________________________________________________________

3.* Agency and department or program that discriminated:
Name: __________________________________________
Address: ______________________________________
_________________________________________ Zip
Telephone: Home: (____)_________________ Work or Cell: (____)_____________

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.
   ___ Race/Ethnicity: ______________________________
   ___ National origin: ____________________________
   ___ Sex: ______________________________________
   ___ Religion: ________________________________
   ___ Age: _____________________________________
   ___ Disability: ________________________________
4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

___ Race/Ethnicity: ________________________________
___ National origin: ________________________________
___ Sex: ________________________________
___ Religion: ________________________________
___ Age: ________________________________
___ Disability: ________________________________

5. What is the most convenient time and place for us to contact you about this complaint?


6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: ________________________________
Telephone: Home: (___) ________________ Work or Cell: (___) ________________

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: ________________________________
Address: ________________________________ Zip: ________________

Telephone: Home: (___) ________________ Work or Cell: (___) ________________

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: ________________
Most recent date of discrimination: ________________

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

________________________________________________
________________________________________________
________________________________________________
10.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. The laws we enforce prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

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<th>Name</th>
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13. Do you have any other information that you think is relevant to our investigation of your allegations?

________________________________________________________________________
________________________________________________________________________
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14. What remedy are you seeking for the alleged discrimination?

________________________________________________________________________
________________________________________________________________________

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)?

Yes ____  No ____

If so, do you remember the Complaint Number?

________________________________________________________________________

Against what agency and department or program was it filed?

__________________________________________________________

Address: ___________________________________________ Zip ______

Telephone No: (___)______________

Date of Filing: _______________ DOJ Agency: ____________________________
Briefly, what was the complaint about?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What was the result?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission
_____ Federal or State Court
_____ Your State or local Human Relations RIGHTS Commission
_____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: ____________________________
Date filed: ________________________
Case or Docket Number: ____________
Date of Trial/ Hearing: _____________
Location of Agency/Court: __________
Name of Investigator: ________________
Status of Case: ______________________
Comments: _________________________

________________________________________________________________________
________________________________________________________________________

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

________________________________________________________________________
________________________________________________________________________
19.*  We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

_________________________________________  __________________________
(Signature)                                  (Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

City of Redding Personnel Director
777 Cypress Avenue
Redding, CA  96001
Phone: (530) 225-4065

20.  How did you learn that you could file this complaint?

__________________________  __________________________

21.  If your complaint has already been assigned a DOJ complaint number, please list it here:

________________________________________

Note: If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.

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