



CATAWBA COUNTY

TITLE VI NON-DISCRIMINATION POLICY GRIEVANCE COMPLAINT FORM

In accordance with the requirements of The Fair Housing Act, The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.), Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), and Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), Catawba County does not discriminate against individuals on the basis of race; religion; creed; color; limited English proficiency; sex; gender identity and expression; pregnancy; childbirth; breastfeeding; medical conditions related to pregnancy, childbirth, or breastfeeding; sexual orientation; marital status; age; national origin; ancestry; genetic information; disability; veteran status; low-income status or any class protected by local, state, or federal law within its services, programs, or activities.

Note: the following information is necessary to assist the County in processing alleged violation of the Regulations. If any person interested in filing a grievance complaint (“Grievance”) needs assistance (including sign language assistance, documents in Braille or other ways of making information and communications accessible) please contact the Catawba County’s HR Director, ADA Coordinator, Cynthia Eades at:

Email: CLEades@catawbacountync.gov

Phone: 828-465-8253

Office hours of Title VI Coordinator are Monday-Friday, 8:00 a.m. – 5:00 p.m.

To file a Grievance, please **mail** this form to:

TITLE VI Coordinator, Cynthia Eades

Catawba County Government Center

25 Government Drive

Post Office Box 389

Newton, NC 28658

GRIEVANCE COMPLAINT

Please fill out all questions listed below:

I. Identifying information.

A. Date of incident resulting in Grievance: _____

B. Complainant’s name: _____

Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

C. Person discriminated against (if someone other than Complainant).

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

II. Information about Catawba County Service, Program or Activity in violation of Policy.

A. Please provide the following information about the Catawba County agency, facility, department, or program that this Grievance is about:

Name of agency/facility/department/program: _____
Address: _____
City: _____ State: _____ Zip Code: _____

B. In your own words, describe the circumstances leading to this Grievance. Please describe, what happened and who was responsible. If possible, provide names of the individuals involved. For additional space, attach additional sheets of paper as necessary.

C. If not already provided above, where did the incident take place? Please provide as much information about the facility/ location of this incident as possible.

D. Were there any witnesses to the incident? (circle) YES / NO. If yes, please provide as much information as possible about any witness(es), attach additional sheets of paper as necessary.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime phone number: _____ Email: _____

E. Have you filed or intend to file a grievance or complaint about this same incident with any other federal, state or local governmental agency or with a federal or state court?

Please circle: Yes or No.

F. If you answered "Yes" to the last question, please provide the contact information of the person with the agency/court/other:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

Date filed: _____

Please provide the contact information of your representative, counsel, or individual if any who assisted you in filing the complaint:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number: _____ Email: _____

G. Please provide any additional information that you believe would assist with an investigation, attach additional sheets of paper as necessary.

H. Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED GRIEVANCE.** Please sign the grievance in the space provided below and date. Attach any documents you believe may support your Grievance.

Complainant's Signature

Date

NOTICE: Grievance Complaints must be filed within 180 days after the Complainant becomes aware of the violation and addressed to the Human Resources Director, TITLE VI Coordinator, Catawba County Government Center, P.O. Box 389, 25 Government Drive, Newton, NC 28658. If you have questions or need assistance in completing this form, the Human Resources Director, TITLE VI Coordinator may be reached by calling the Human Resources Department at (828) 465-8383. A Grievance is "filed" when it is placed in an envelope, postage pre-paid, and mailed by first-class mail, or other class of mail that is at least as expeditious; or is dispatched to a third-party commercial carrier for delivery to the address designated by this Procedure for service within three (3) days.