
Title VI of the Civil Rights Act of 1964 states “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 subjected to discrimination under any program or activity receiving federal financial assistance.”

The American with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities similar to the Civil Rights Act of 1964. The ADA is a clear national mandate for the elimination of discrimination against individuals with disabilities.

The Environmental Justice component of Title VI guarantees fair treatment for all people. The City of Cincinnati is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations. The City of Cincinnati is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information The City of Cincinnati provides.

If you feel that you have been discriminated against, a formal complaint may be filed with The City of Cincinnati Office of Aging and Accessibility within **180 days** after the date of the alleged discrimination. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy via mail or hand delivery to: City of Cincinnati Office of Aging and Accessibility, 801 Plum Street, Suite 104, Cincinnati, OH 45202 (513-352-5361)

Complaints of discrimination may also be filed online with the City of Cincinnati at <https://www.cincinnati-oh.gov/cityofcincinnati/equity-in-cincinnati/discrimination-complaint-investigation/>

These procedures do not deny you the right to file formal complaints with other state or federal agencies, or to seek private counsel. Intimidation or retaliation of any kind is prohibited by law. However, pursuant to the City of Cincinnati Municipal Code section 914-15, the City may not take action on any act or charge of discrimination that is currently or was previously the subject of any state or federal civil, criminal, or administrative proceeding.

Any person who believes themselves or any specific class of persons to be subjected to discrimination by a public transit provider may also file a written complaint with the Federal Transit Administration (FTA), Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590. Complaints can also be filed online at <https://ftawebprod.fta.dot.gov/OCF/OnlineComplaintForm/CreateOnlineComplaintForm>

Civil Rights and ADA Complaint Form



Note: To protect your rights, your complaint must be filed within **180** days of the occurrence. Failure to file within **180** days may result in dismissal of the complaint.

Complainant's Name (name of the individual reporting the complaint):

Address:

City, State, Zip Code:

Daytime Telephone #:

Person discriminated against (if someone other than Complainant)

Name:

Address:

City, State, Zip Code:

Daytime Telephone #:

Upon what premise is your discrimination complaint based? (check all that apply)

Race/Color

Disability

National
Origin

Religion

Gender

Not
applicable

Other (describe):

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Date of alleged discrimination or alleged violation:

Describe the alleged discrimination or alleged violation. Explain what occurred and who you believe was responsible. (For additional space, attach additional sheets of paper or use back of the form)

Where did the incident take place? Please provide location, time, etc.?

Witnesses? Please provide their contact information.

Name:

Address:

City, State, Zip Code:

Daytime Telephone #:

How can this complaint be resolved (how can the problem be corrected)?

Civil Rights and ADA Complaint Form



Did you file this complaint with another federal, state, or local agency or with a federal or state court? (*check the appropriate space*) Yes No

If your answer is yes, check each agency with which a complaint was filed:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Federal Court | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> State Court | <input type="checkbox"/> Local Agency | <input type="checkbox"/> Other |

Please provide contact information for the agency you also filed the complaint with:

Date Filed:

If you need any special accommodation for communication regarding this complaint, please specify which alternative format you require.

- | | |
|--|---|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Sign Language Interpreter (specify language) |
| <input type="checkbox"/> Large Print (specify the font size) | <input type="checkbox"/> Language Interpreter (specific language) |
| | <input type="checkbox"/> Other |

Sign the complaint in the space below. Attach any documents you believe supports your complaint.

Complainant's Signature:

Date:
