

## Conklin Davis Center for the Visually Impaired Title VI Complaint

- I am making a Title VI Complaint
- I am making an ADA Complaint

## Conklin Davis Center for the Visually Impaired Title VI Complaint

Title VI of the Civil Rights Act of 1964, 49 U.S.C. 47123, and the Age Discrimination Act of 1975 (Civil Rights Laws) prohibit discrimination on the basis of race, color, national origin, creed, sex, or age in any program or activity receiving federal financial assistance. Conklin Davis Center for the Visually Impaired also prohibits recipients receiving federal financial assistance from intimidating or retaliating against anyone, because he or she acts to secure rights protected by civil rights laws. If you believe your civil rights have been violated as a result of prohibited discrimination, intimidation, or retaliation you have the right to file a complaint.

**When to File:** Complaints of discrimination, intimidation or retaliation must be filed within 180 days of the last date of the prohibited act(s).<sup>1</sup> If you are filing late, you may request a waiver of the 180 day filing requirement by completing Question 11.

**Where to File:** **Conklin Davis Center for the Visually Impaired  
405 White Street  
Daytona Beach, FL 32114**

This format is intended to assist you in filing your civil rights complaint with the **Conklin Davis Center for the Visually Impaired**. You may use this format or a letter with the same information.

Provide information for each question, including all Attachments that relate to your complaint. Print all entries except signatures. Add additional sheets, if necessary, to explain your specific circumstances. You may use **Attachment A** as the format for additional sheets.

Attachments to this format are as follows:

- A – Sample Format for Additional Sheet(s)
- B – Sample Format for Information on Prior Complaint(s) Filed
- C – Notice About Investigatory Uses of Personal Information
- D – Complainant Consent/Release

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### TYPE OF COMPLAINT:

1. **Does your complaint involve employment discrimination?**

Yes \_\_\_ No \_\_\_

2. **Does your complaint involve intimidation or retaliation, separate and apart from civil rights discrimination?**

Yes \_\_\_ No \_\_\_

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<sup>1</sup> See 49 CFR 21.11(b).

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**3. Your Contact Information:**

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Your Name

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Address

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City, State and ZIP Code

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Home E-mail

Business E-mail

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Telephone Home

Business

Cell

**4. What is the most convenient time and way for us to contact you about this complaint?**

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**5. Are you represented by an attorney in this matter? Yes \_\_\_ No \_\_\_ If yes, provide his or her contact information below:**

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Name

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Company

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Address

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City, State and ZIP Code

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E-mail

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Telephone Business

Cell

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- 6. Information about person(s) who experienced the prohibited discrimination, intimidation or retaliation, if different from complaint filer (Attach additional sheets, if necessary.):**

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Name

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Address

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City, State and ZIP Code

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Home E-mail	Business E-mail
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Telephone Home	Business	Cell
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- 7. Identify who performed the alleged prohibited act(s) (Attach additional pages, if necessary.):**

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Name	Title
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Company or Organization	Section, Office, or Department
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Address

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City, State and ZIP Code

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Business E-mail

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Telephone Business	Cell
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- 8. Explain the events that took place and why you believe you or another person was subject to a discriminating, intimidating or retaliating act(s). For example, indicate who was involved and how another person treated you differently than others. (Attach additional sheets, if necessary. Attach a copy of written materials that support your complaint.)**

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**9. Identify the basis on which you believe the discrimination, intimidation, or retaliation occurred.**

**Race:** \_\_\_\_\_  
**Color:** \_\_\_\_\_  
**National Origin:** \_\_\_\_\_  
**Creed:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Age:** \_\_\_\_\_

**10. When and where did the alleged discrimination, intimidation or retaliation take place? Provide date(s), time(s) and location(s).**

Earliest date: \_\_\_\_\_  
\_\_\_\_\_

Most recent date: \_\_\_\_\_

**11. If the discrimination, intimidation or retaliation occurred more than 180 days ago, and you are requesting a waiver to file late, explain in detail why you filed after 180 days. (Attach additional sheets,if necessary.)**

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**12. Supporting Contacts/Witnesses - List any person(s) (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support your complaint. (Attach additional sheets, if necessary.)**

Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:
Name:
Address:
City, State and ZIP Code:
Telephone:
E-Mail:

**13. Do you have any other information that you think is relevant to the investigation of your complaint? (Attach additional sheets, if necessary.)**

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Attachment A: Additional sheet(s)

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**ATTACHMENT B – SAMPLE FORMAT FOR INFORMATION ON PRIOR COMPLAINT(S)**

**FILED**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date

**1. Have you (or the person who experienced the discrimination, intimidation or retaliation) filed the same or any other complaints with our office or another office at the Conklin Davis Center for the Visually Impaired?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the complaint date:** \_\_\_\_\_.

**2. Provide the name and telephone number of the person who investigated the complaint, if known.**

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### 3. Against what individual was the prior complaint filed?

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Name

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Company or Organization

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Address

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City, State and ZIP Code

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Business E-mail

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Telephone Business

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Date complaint filed

### 4. Briefly, what was the complaint about?

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Attachment B: Prior Complaint(s)

**5. What was the outcome of the complaint?**

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**6. Have you (or the person who experienced discrimination, intimidation or retaliation) filed 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
- State or Local Human Relations/Rights Commission
- Grievance or Complaint Office
- Florida Rehabilitation Council
- Other (specify)

**7. If you have already filed a charge or complaint with any Agency/Court indicated above, provide the following information (attach additional pages if necessary):**

Agency/Court: \_\_\_\_\_

Date filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Person Investigating Case: \_\_\_\_\_

Status of Case: \_\_\_\_\_

**Comments:**

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Attachment B: Prior Complaint(s)

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**ATTACHMENT C – NOTICE ABOUT INVESTIGATORY USES OF  
PERSONAL INFORMATION**

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**NOTICE ABOUT INVESTIGATORY USES  
OF PERSONAL INFORMATION**

**NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES**

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the Conklin Davis Center for the Visually Impaired are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

— A recipient may not force its employees to be represented by the recipient’s counsel nor may a recipient intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with Conklin Davis Center for the Visually Impaired. The representative may be the recipient’s counsel, the employee’s private counsel, or anyone else the interviewee authorizes to be present.

— The laws and regulations which govern Conklin Davis Center for the Visually Impaired’s compliance and enforcement authority provide that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual because he/she has

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made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

— Information obtained from the complainant or other individual which is maintained in Conklin Davis Center for the Visually Impaired's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if release of such information would constitute an unwarranted invasion of personal privacy.

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## ATTACHMENT D – COMPLAINANT CONSENT/RELEASE

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### COMPLAINANT CONSENT/RELEASE

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Your Name

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Address

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City, State and ZIP Code

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Complaint number(s) (if known)

*Please read the information below, check the appropriate box and sign this page.*

I have read the Notice about Investigatory Uses of Personal Information by the Conklin Davis Center for the Visually Impaired (CDCVI). As a complainant, I understand that in the course of an investigation it may become necessary for CDCVI to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of CDCVI to honor requests under the Freedom of Information Act. I understand that it may be necessary for CDCVI to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by CDCVI's regulations from intimidation or retaliation for taking action or participating in action to secure rights protected by nondiscrimination statutes enforced by CDCVI. A complainant's lack of consent does not necessarily prevent investigation of the complaint.

### CONSENT/RELEASE

CONSENT – I have read and understand the above information and authorize CDCVI to reveal my identity to persons at the organization or institution under investigation. I hereby authorize CDCVI to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

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CONSENT DENIED – I have read and understand the above information and do not want CDCVI to reveal my identity or impede the investigation of my complaint and may result in the closure of the investigation.

**Acknowledgment by signature is required.**

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PRINT NAME

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SIGNATURE

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DATE

Attachment D: Consent/Release

of 1