



FORT BEND COUNTY ADA DISCRIMINATION COMPLAINT FORM

Send Completed Form To:
FBC ADA Coordinator, Risk Management
301 Jackson Street, Ste. 224, Richmond, Texas 77469
ADACoordinator@fbctx.gov
Fax: 281-341-3751

SECTION 1: COMPLAINANT CONTACT/PERSONAL INFORMATION

| | |
|--|---------------------------|
| 1. Name (<i>last, first, middle initial</i>) | 2. Phone Number |
| 3. Home Address (<i>street, city, state, zip code</i>) | 4. E-mail Address |
| 5. Preferred Method of Contact | 6. Best Time to Reach You |

SECTION 2: COMPLAINT INFORMATION

| | |
|--|--|
| 7. Location/Department where the alleged act/event occurred. | 8. Date the alleged act/event occurred. <i>(mm-dd-yyyy)</i> |
| 9. If alleged discrimination has been more than 180 calendar days please provide the reason. | |

10. Please explain what happened to you (***you may use additional pages if necessary***). Attach any supporting documents to your complaint.



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SECTION 3: INDIVIDUAL INVOLVED IN ALLEGED DISCRIMINATORY ACT

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|---|------------------|
| 11. Name (<i>last, first, middle initial</i>) | 12. Phone Number |
|---|------------------|

SECTION 4: NAMES OF WITNESSES WHOM WE MAY CONTACT FOR INFORMATION TO SUPPORT/CLARIFY YOUR COMPLAINT

| | |
|-----------------------|----------------------------|
| 13. Name of Witnesses | 14. Witnesses Phone Number |
|-----------------------|----------------------------|

SECTION 5: COMPLAINT FILED

15. Have you filed, or intend to file a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. (*check all that apply.*)

U.S. Department of Transportation (DOT) *(mm-dd-yyyy)*

Federal Highway Administration (FHWA) *(mm-dd-yyyy)*

Federal Transit Administration (FTA) *(mm-dd-yyyy)*

U.S. Department of Justice (DOJ) *(mm-dd-yyyy)*

Other: *(mm-dd-yyyy)*

16. Have you discussed the complaint with any Fort Bend County representative? If yes, please provide the name, position, and date of discussion.

17. Briefly explain how you would like to see this complaint resolved? (*you may use additional pages if necessary.*)

By checking this box, I certify that I am the individual submitting this document. Unsigned complaints **will not** be accepted.

18. **Signature (Required)** _____ *Date (mm-dd-yyyy)*

Fort Bend County ADA Discrimination Complaint Form

INSTRUCTIONS

PURPOSE: The purpose of this form is to assist you in filing a discrimination complaint. You are encouraged, but not required, to use this form to file your complaint. If you choose to write a letter, it must contain all of the information requested in this form and be signed by you or your authorized representative.

You may send your complaint by mail or email to 301 Jackson Street, Ste. 224, Richmond, TX 77469, ADACoordinator@fbctx.gov. You **must** submit a signed copy of your complaint. If you send your form by email, be sure to attach the signed copy. Incomplete information or an unsigned form may delay the processing of your complaint. For help completing the form, you may contact the ADA Coordinator at 281-341-8630.

FILING DEADLINE: A complaint must be filed within 180 calendar days from the date of the alleged act of discrimination. Complaints sent by mail will be considered filed on the postmark date. Complaints sent by email or fax will be considered filed on the date the complaint is received and acknowledged by the ADA Coordinator. If the complainant is not filed on time, the complainant must include a "good cause" explanation for the delay and request a waiver of this filing requirement. Examples of "good cause" may include:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period; or
2. You were seriously ill or incapacitated.

ADA Coordinator will review the complaint and determine whether the complaint contains enough information about the alleged discrimination to proceed. If the ADA Coordinator needs more information in order to clarify the complaint, s/he may contact the complainant. If the complainant fails to provide the requested information in a timely basis, the County may administratively close the complaint.

POLICY: Fort Bend County is committed to ensuring that no person on the basis of disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination or retaliation in any program or activity receiving federal financial assistance that is administered by Fort Bend County, its subrecipients and/or its contractors.

PRIVACY ACT STATEMENT(5 U.S.C. § 552a)

AUTHORITIES: Collection of this information is authorized by Americans with Disabilities Act of 1990 (42 U.S.C. § 12101).

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint, or rejection of the complaint due to an inadequate basis to continue processing. If your complaint is dismissed you will be notified.

The information you provide in this complaint may be disclosed to outside parties where the County determines that disclosure is: 1) relevant and necessary; 2) necessary for enforcement proceedings against a program that the County finds to have violated laws or regulations; 3) in response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) to the United States Civil Rights Commission in response to its request for information.

For more information or assistance you may contact the Fort Bend County Civil Rights Officer:

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