

City of LaFollette, Tennessee

Title VI Compliance Manual

I. Policy Statement:

It is the policy of the **City of LaFollette, Tennessee** to ensure that no citizen 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.

II. Applicability:

This policy applies to the administration of all programs, projects, facilities, benefits, or services that receive assistance from the federal government.

III. Title VI Coordinator

The **Human Resources Coordinator/City Clerk** or his/her designee is the official responsible for maintaining records and submitting reports to the state agency from which the federal assistance is transferred.

IV. Record Keeping

The **Human Resources Coordinator/City Clerk** (or his/her designee), as established in Section III above, is charged with maintaining permanent records and submitting required Title VI reports. These records shall include, but are not limited to, the Non-Elected Boards or Commissions form, as found in Appendix A, any written complaints, all correspondence to complainants found in Appendix E, and the annual self-survey for the Military Department.

V. Title VI Information Dissemination

- A. Title VI information posters, including the name of the local coordinator shall be prominently and publicly displayed.
- B. Title VI information shall be disseminated to **City of LaFollette** employees at least once per year by including the Employee Education form, as found in Appendix B, in payroll envelopes. This form not only reminds employees of the **City of LaFollette's** policy statement, but also reminds employees of their Title

VI responsibilities in their daily work and duties.

- C. New employees shall receive the New Employee Orientation on Title VI form, as found in Appendix C, informing them of the **City of LaFollette's** position on Title VI, and the **City of LaFollette's** expectations of them in performing their duties in regard to Title VI.
- D. Title VI information shall be disseminated to citizens at least once per year by printing the **City of LaFollette's** Title VI policy statement on or including it in utility customers' billing statements.
- E. Whenever possible, the **City of LaFollette** will take positive and specific actions to advise minorities of program availability by using such means of communication as newspaper articles, radio and television announcements, city newsletters; and by distributing letters, leaflets, brochures and bulletins to referral sources and relevant service area minority organizations.

VI. Subcontracts and Vendors

All subcontractors and vendors (tertiary recipients) who receive payments from the **City of LaFollette** (secondary recipient) shall be required to submit to the **City of LaFollette** Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 form, as found in Appendix D, before any federally-assisted payment(s) will be made.

All written contracts shall contain the following non-discrimination statement that complies with Title VI:

It is the policy of the **City of LaFollette** to provide equal employment opportunities and to provide its programs, activities, and services to all individuals regardless of race, color, religion, sex, national origin, age, disability, or status in any other group protected by law. Inquiries and charges of violation of this policy should be directed to the **Human Resources Coordinator/City Clerk** at (423) 563-0719 or at **207 South Tennessee Avenue, LaFollette, TN 37766**. Requests for accommodation of a disability should also be directed to the **Human Resources Coordinator/City Clerk** at (423) 563-0719 or at **207 South Tennessee Avenue, LaFollette, TN 37766**.

VII. Public Interaction

- A. All **City of LaFollette** owned publicly used equipment or physical facilities (i.e. restrooms, waiting rooms, recreational areas, etc.) shall be provided to citizens without regard to race, color, or national origin.
- B. Staff shall use courtesy titles (i.e. Mr., Mrs., Ms., or Miss) to address citizens without regard to race, color or national origin.

VIII. Complaints and Investigations

- A. The **City of LaFollette** treats Title VI violation complaints very seriously. Appendix E provides sample forms for all correspondences regarding complaints filed against the town.

- B. All complaints, written or verbal, shall be accepted. In the event a complainant sets forth the allegations verbally and refuses to reduce such allegations to writing, the person to whom the complaint is made should reduce the elements of the complaint to writing. All complaints shall include the following information:
 - a. Name, address, and telephone number of the complainant.
 - b. The location and name of the entity delivering the service.
 - c. The nature of the incident that led to the complainant to feel discrimination was a factor.
 - d. The basis of the complaint, i.e. race, color or national origin.
 - e. Names, addresses and phone numbers of people who may have knowledge of the event.
 - f. The date or dates on which the alleged discriminatory event or events occurred.

- C. The Discrimination Complaint Form, as found in Appendix E, may be used to gather this information, but its use is not required to make a complaint.

- D. All complaints shall be responded to, recorded, investigated, and maintained on file by the Title VI Coordinator, or his/her designee.

- E. All complaints shall be handled within 90 days of their receipt.

Appendix A

Non-Elected Boards or Commissions

	(a) # of Members	(b) # of White Members	(c) # of Non- White Members	(d) Appointed By:	(e) Term of Office	(f) Est. Minority Population in service area	(g) ✓ if (f) > 5%
Beer Board							
Industrial Board							
Planning Commission							
Zoning Appeals Board							

If there are no minorities listed in column (c) and there is a minority population of 5% or greater within the Board's/Commission's geographic service area (column (g) is checked), then the **City of LaFollette** shall take steps to obtain minority representation on each Board or Commission including, but not limited to, publicly advertising all Board/Commission vacancies, conducting outreach to minority groups to identify interested persons, and/or creating a Board/Commission member application process.

Appendix B

Employee Education

TITLE VI POLICY

It is the policy of the **City of LaFollette, Tennessee** to ensure that no citizen 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.

All employees of the **City of LaFollette, Tennessee** are expected to consider, respect and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the **Human Resources Coordinator/City Clerk, Joy L. Ellison, City of LaFollette's Title VI Coordinator**, at **LaFollette City Hall at 207 South Tennessee Avenue, LaFollette, TN 37766**.

Appendix C

New Employee Orientation on Title VI

TITLE VI POLICY

It is the policy of the **City of LaFollette, Tennessee** to ensure that no citizen 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.

All employees of the **City of LaFollette** are expected to consider, respect and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the **Human Resources Coordinator/City Clerk, Joy L. Ellison, City of LaFollette's Title VI Coordinator**, at **LaFollette City Hall at 207 South Tennessee Avenue, LaFollette, TN 37766**.

Appendix D

Assurance of Compliance Under Title VI of the Civil Rights Act of 1964

The City of LaFollette, Tennessee

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the U.S. Department of Justice (28 CFR Parts 42 & 50) and the **City of LaFollette**, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received Federal financial assistance from the **City of LaFollette** and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Applicant by the **City of LaFollette**.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI, and permit authorized **City of LaFollette** personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the **City of LaFollette** shall have the right to seek administrative and/or judicial enforcement of this assurance.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the **City of LaFollette**. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which Kellie Earls [KEarls@thepool-tn.org] this assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

Dated _____

(Applicant)

Address _____

By _____
(Title of Authorized Official)

No further monies or other benefits may be paid out under these programs unless this Assurance is completed and filed as required by existing regulations.

Appendix E

Discrimination Complaint Form

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

Complainant's Name _____

Street Address _____

City, State and Zip Code _____

Telephone Number – home (____) _____

business (____) _____

1. Person discriminated against (if someone other than the complainant)

Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (____) _____

2. What is the name and location of the institution or agency that you believe discriminated against you?

Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (____) _____

Appendix E - continued

Discrimination Complaint Form - continued

3. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- a. Race (specify) _____
- b. Color (specify) _____
- c. National Origin (specify) _____

4. What date did the alleged discrimination take place? _____

5. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible. _____

6. Have you tried to resolve this complaint through the internal grievance procedures at the institution or agency? _____ Yes _____ No

If yes, what is the status of the grievance? _____

Name and title of the person who is handling the grievance procedure.

Name _____

Title _____

Appendix E - continued

Discrimination Complaint Form - continued

8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply:

Federal agency _____

Federal court _____

State agency _____

State court _____

Local agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (_____) _____

9. Do you intend to file this complaint with another agency?
_____ Yes _____ No

If yes, when and where do you plan to file the complaint?

Date _____

Agency _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (_____) _____

Appendix E - continued

Discrimination Complaint Form - continued

10. Has the complaint been filed with this agency before?

_____ Yes _____ No

If yes, when? Date _____

11. Have you filed any other complaints with this agency?

_____ Yes _____ No

If yes, when and against whom were they filed?

Date _____

Agency _____

Street Address _____

City, State, and Zip Code _____

Telephone Number (____) _____

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date



CITY OF LA FOLLETTE

207 South Tennessee Ave.
La Follette, Tennessee 37766
Phone (423) 562-4961 • Fax: (423) 562-6565

Mayor
Michael R. Stanfield

Vice-Mayor
Hansford Hatmaker

Council Members
Joe Bolinger
Stephanie Grimm
Wayne Kitts

Contract Monitoring Form

Owner's Ethnicity and Gender of Contractors and Sub-Contractors

Ethnicity		Gender	Male	Female
Black/African American				
American Indian and Alaskan Native				
Asian				
Caucasian				
Hispanic				
Native Hawaiian/ other Pacific Islander				
Other (please specify)				

Name of Company _____

Owner's Name _____

Type of Business _____



CITY OF LA FOLLETTE

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La Follette, Tennessee 37766
Phone (423) 562-4961 • Fax: (423) 562-6565

Mayor
Michael R. Stanfield

Vice-Mayor
Hansford Hatmaker

Council Members
Joe Bolinger
Stephanie Grimm
Wayne Kitts

Monitoring of Contractors/Consultants

Name of Contractor: _____ Date Completed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

This should be completed annually while the contract is active and submitted to the sub-recipient's Title VI Coordinator for review.

1. Are Title VI posters visible to staff? If yes, where?
2. Are all Physical Areas (i.e. restrooms, dining rooms, waiting rooms, etc.) provided without regard to race, color, or national origin?
3. How is Title VI information disseminated to new/current employees?
4. Describe how certified Disadvantaged Business Enterprises (DBEs), other small, minority and women-owned businesses are solicited to participate on contracts
5. What process has been established to track and monitor ethnicity and gender of any contractors awarded contracts/sub-contracts?
6. Provide documentation to show that contracts contain non-discrimination assurance language?
7. Provide complaint procedures and attach complaint log form.
8. Provide Limited English Proficiency Communications Plan (ie, how do you communicate with persons that speak a language other than English.)

The below Title VI Assurance is to Be Submitted on Company Letterhead:

Contractor/Consultant Name assures that no person shall on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964 and as amended, and the Civil Rights Restoration Act of 1987 (P.I. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Tennessee Department of Transportation (TDOT).

DECLARATION OF RESPONDENT: I declare that I have completed this form to the best of my knowledge and believe it to be true and correct.

Name of Authorized Official

Date

Appendix E - continued

Letter Acknowledging Receipt of Complaint

Today's Date

Ms. Joanne Doe
1234 Main St.
Anytown, Tennessee xxxxx

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against the **City/Town of**
_____ alleging denial of participation of minorities in the _____ program

An investigator will be assigned to investigate your complaint. In the interim, if you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning (xxx) xxx-xxxx, or writing to me at the above address.

A member of my staff will contact you soon.

Sincerely,

XXXXXX XXXXXXXX
Title

Appendix E – continued
Second Letter to Complainant

Today's Date

Ms. Joanne Doe
1234 Main St.
Anytown, Tennessee xxxxx

Dear Ms. Doe:

Your complaint of _____ (date) alleging denial of participation of minorities in the _____ program of the **City/Town of** _____ has been directed to this office.

Your complaint has been reviewed. In preparation for a possible investigation, we would like to discuss the matters stated in your letter with you by telephone. Please send a telephone number and state a time between the hours of 8:00 a.m. and 4:30 p.m. when it would be convenient for a member of my staff to call you.

Sincerely,

XXXXXX XXXXXXXX
Title

Appendix E – continued

Investigator's Worksheet

Case Name _____ Case Number _____

For Complaint Investigation _____

A. The Complainant(s)

Name _____

Telephone Number(s)

Address _____

_____ home

_____ work

_____ other

Date complaint received _____

Hours complainant says convenient to call:

_____ a.m.

_____ p.m.

Complainant alleges discrimination based on:

_____ race

_____ color

_____ national origin

_____ sex*

* applicable for section 109, HCDA 1974 only

For compliance review _____

B. Date when compliance review was scheduled _____

Reason why compliance review is scheduled _____

Office requesting a compliance review _____

Date of last compliance review or complaint investigation _____

Appendix E - continued

Letter Notifying Complainant of an Investigation

Today's Date

Ms. Joanne Doe
1234 Main St.
Anytown, Tennessee xxxxx

Dear Ms. Doe:

The matter referenced in your letter of _____ (date) against the **City/Town of** _____ alleging denial of participation of minorities in the _____ program will be investigated by staff from this office.

The investigation has been scheduled for the week of _____ (date). **Mr./Ms.** _____ has been assigned to investigate the matter. **He/She** will contact you to establish a convenient time for you to discuss your complaint with **him/her**.

We appreciate your help in this important matter.

Sincerely,

Xxxxxx Xxxxxxx
Title

Appendix E - continued

Letter Notifying Complainant of Title VI Compliance Status of Respondent

Today's Date

Ms. Joanne Doe
1234 Main St.
Anytown, Tennessee xxxxx

Dear Ms. Doe:

The matter referenced in your letter of _____ (date) against the **City/Town of** _____ alleging denial of participation of minorities in the _____ program has been investigated by staff from this office.

My staff found several apparent violations of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. ***(If a hearing is requested, the following sentence may be appropriate.)*** You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Xxxxxx Xxxxxxx
Title

Appendix E - continued

Letter Notifying Complainant that the Complaint Is Not Substantiated

Today's Date

Ms. Joanne Doe
1234 Main St.
Anytown, Tennessee xxxxx

Dear Ms. Doe:

The matter referenced in your letter of _____ (date) against the **City/Town of** _____ alleging denial of participation of minorities in the _____ program has been investigated by staff from this office.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

My staff has analyzed the materials and facts during the course of their investigation of your complaint for evidence of a failure to comply with any of the civil rights laws administered by this office. We did not find evidence that any of these laws have been violated.

We must therefore advise you that your complaint has not been substantiated, and that we are closing this matter in our files.

Thank you for taking the time to write to this office. If we can be of assistance to you in the future, do not hesitate to call us.

Sincerely,

XXXXXX XXXXXXXX
Title

Limited English Proficiency Policy

The City of LaFollette will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in City of LaFollette services, programs and activities. The policy of the City of LaFollette is to ensure meaningful communication with LEP persons and their authorized representatives. All interpreters, translators and other aids needed to comply with this policy shall be supplied at no cost to the person being served.

Language assistance will be provided through use of formal arrangements with an organization providing interpretation and translation services and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The City of LaFollette will conduct a regular review of the language access needs of our service population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

TDEC will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak” card) or poster to determine the language. In addition, when records are kept of past interactions with individuals or their family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

James Adkins (SWM)	615-532-0880	Andy Binford (REM)	615-532-0911
Pat Brooks (ISD)	615-532-0261	Loretta J. Buchanan (SWM)	615-532-0804
Ella Buntin (RES)	615-532-0752	Reba Butler (SWM)	615- 532-0219
Kelley Clemons (COMM)	615-532-0111	Brenda Sue Collins (SWM)	615-741-9251
Sheila Colston (Col. EFO)	931-840-4142	Daisy Crary (SWM)	615-532-0346
Sharon Escue (Nash. EFO)	615-687-7088	Carol Farragher (HR)	615-532-0200
Debbie Fisher (JEFO)	731-512-1340	Steve Goins (REM)	615-532-8599
Dana Harris (SWM)	615-532-2756	Judy Jarrett (JCEFO)	423-854-5404
Andra Kelley (Chat. EFO)	423-634-5731	Rhonda Key (UST)	615-532-0972
Melissa Carrier (FTC)	615-898-6501	Cynthia Mabe-Johnson (KEFO)	865-594-5450
Jabari Martin (APC)	615-532-0582	Cheryl Montoya (GWP)	615-532-0762
Craig Morgan (SWM)	615-532-0866	Donovin Mulvaney (TOX. SUB.)	615-532-0819
Julius Nwaokolo (TOX. SUB.)	615-532-0871	John Owsley (DOEO)	865-481-0995
Lauranda Redmond (MEFO)	901-371-3002	Michelle Pruett (UST)	615-532-0973
Mary B. Crawford (F. SVCS)	615-532-0328	Sandy Rittenhouse (DWR)	615-532-0191
Kristy A. Satterfield (FR)	615-532-0851	Carolyn Sekoral (RAD. HEALTH)	615-532-0417
Craig Sergeant (OGC)	615-532-0146	Winston Shurtleff (DIA)	615-741-8007
Kathy Glapa (OSP)	615-253-8780	Irene Tidwell (SWM)	615-532-0780
Carol Thompson (RES)	615-532-0208	Jan Tollett (Cook. EFO)	931-432-4015
Linda T. Wynn (THC)	615-532-1550	Ron Zurawski (GEOL)	615-532-1502

are responsible for:

(a) Obtaining an outside interpreter to provide language assistance in the language for which assistance is needed, and

(b) Maintaining a written log to include:

- 1.) language assistance services used
- 2.) date of usage, and
- 3.) language encountered as a result of on-site or telephonic encounter with LEP person.

AVAZA Language Services Corp. has agreed to provide qualified interpreter services. The agency's telephone numbers are **615-534-3400** and **1-800-482-8292** and interpreter services are available twenty-four hours a day, seven days a week.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the TDEC employee. Such an offer and the response will be documented by TDEC staff. If the LEP person opts to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children under the age of 18 will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each division or unit in TDEC will submit documents for translation into frequently-encountered languages to identify the appropriate TDEC division/program LEP contact. Original documents being submitted for translation must be in final approved form.

(b) TDEC will maintain an inventory of translated documents for future program use and translate relevant documents into additional languages as the need arises.

4. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, TDEC will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, TDEC will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services.