

**POLICY OF THE CITY OF HENDERSONVILLE CITY COUNCIL TO PROHIBIT
DISCRIMINATION IN PROGRAMS AND SERVICES AND IN ACTIVITIES
RECEIVING FEDERAL FINANCIAL ASSISTANCE (A SUPPLEMENT TO THE
TITLE VI PLAN)**

Recitals

1. The City of Hendersonville has and will receive federal funds in the form of grants and loans and other funding types, collectively “Federal Funds”; and
2. Receipt of Federal Funds is conditioned on the City of Hendersonville agreeing to follow all federal statutes and regulations prohibiting discrimination in its administration of the Federal Funds, including, without limitation, the following:
 - a. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury’s implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin within programs or activities receiving federal financial assistance;
 - b. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
 - c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
 - d. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury’s implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
 - e. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto; and
3. On June 3, 2021, the City Council, by Resolution #R-21-47, adopted a Title VI Plan for the City of Hendersonville addressing nondiscrimination pursuant to the foregoing federal laws, with the exception of The Fair Housing Act, and therefore wishes to adopt this policy to supplement the Title VI Plan.

This Nondiscrimination Policy shall apply to the operations of any program, activity, or facility that is supported in whole, or in part, by expenditures of Federal Funds.

Nondiscrimination Policy

It is the policy of the City of Hendersonville to ensure that no person shall, on the ground of race, color, national origin (including limited English Proficiency), familial status, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity administered by the City of Hendersonville, including programs or activities that are funded in whole or part, with Federal Funds.

I. Governing Statutory & Regulatory Authorities

The City of Hendersonville shall ensure that each “activity,” “facility,” or “program”¹ that is funded in whole, or in part, with Federal Funds, will be facilitated, operated, or conducted in compliance with the following federal statutes and federal regulations prohibiting discrimination. These include, but are not limited to, the following:

- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury’s implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance (Reference is made to the City of Hendersonville Title VI Plan, adopted by Resolution #R-21-47 on June 3, 2021, which is fully incorporated herein.);
- ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
- iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance (Reference is made to the City of Hendersonville Title VI Plan, adopted by Resolution #R-21-47 on June 3, 2021, which is fully incorporated herein.);
- iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury’s implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age within programs or activities receiving federal financial assistance (Reference is made to the City of Hendersonville Title VI Plan, adopted by Resolution #R-21-47 on June 3, 2021, which is fully incorporated herein.); and
- v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto. (Reference is made to the City of Hendersonville Title VI Plan, adopted by Resolution #R-21-47 on June 3, 2021, which is fully incorporated herein.)

II. Discriminatory Practices Prohibited in the Administration of the ARP/CSLFRF Award

To ensure compliance with Title VII of the Civil Rights Act of 1964, and Title 31 Code of Federal Regulations, Part 22, the Civil Rights Restoration Act of 1987, and other pertinent

¹ 22 C.F.R. § 22.3 defines “program” and “activity” as all operations of an entity, including local governments, that receive Federal financial assistance, and the departments, agencies, or special purpose districts of the local governments to which Federal financial assistance is distributed. “Federal financial assistance” includes, among other things, grants and loans of federal funds. “Facility” includes all or any part of structures, equipment, or other real or personal property or interests therein, and the provision of facilities includes the construction, expansion, renovation, remodeling, alteration, or acquisition of facilities.

nondiscrimination authorities, the City of Hendersonville shall prohibit, at a minimum, the following practices in its administration of Federal Funds:

1. Denying to a person any service, financial aid, or other program benefit without good cause;
2. Providing to a person any service, financial aid, or another benefit which is different in quantity or quality, or is provided in a different manner, from that provided to others under the program.
3. Subjecting a person to segregation or separate treatment in any matter related to the receipt of any service, financial aid, or other benefit under the program;
4. Restricting a person in the enjoyment of any advantages, privileges, or other benefits enjoyed by others receiving any service, financial aid, or other benefit under the program;
5. Treating a person differently from others in determining whether that person satisfies any admission, enrollment, quota, eligibility, membership, or other requirement or condition which persons must meet to be provided any service, financial aid, or other benefit provided under the program;
6. Implementing different standards, criteria, or other requirements for admission, enrollment, or participation in planning, advisory, contractual, or other integral activities to the program;
7. Adopting methods of administration which, directly or through contractual relationships, would defeat or substantially impair the accomplishment of effective nondiscrimination;
8. Selecting a site or location of facilities with the purpose or effect of excluding persons from, denying them the benefits of, subjecting them to discrimination, or with the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of Title VI or related acts and regulations;
9. Discriminating against any person, either directly or through a contractual agreement, in any employment resulting from the program, a primary objective of which is to provide employment;
10. Committing acts of intimidation or retaliation, including threatening, coercing, or discriminating against any individual for the purpose of interfering with any right or privilege secured by any pertinent nondiscrimination law, or because an individual made a complaint, testified, assisted, or participated in an investigation, proceeding, or hearing.

III. Reporting & Enforcement

1. The City of Hendersonville shall cooperate in any enforcement or compliance review activities by the Department of the Treasury. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. The City of Hendersonville shall comply with information requests, on-site compliance reviews, and reporting requirements.
2. The City of Hendersonville shall maintain a complaint log and inform the Treasury of any complaints of discrimination on the grounds of race, color, or national origin (including limited English proficiency covered by Title VI of the Civil Rights Act of

1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, whether pending or completed, including the outcome. The City of Hendersonville shall inform the Treasury if it has received no complaints under Title VI.

3. Any person who believes they have been aggrieved by a discriminatory practice under Title VI has a right to file a formal complaint with the Treasury. Any such complaint must be in writing and filed with the Treasury's Title VI Coordinator within one hundred eighty (180) days following the date of the alleged discriminatory occurrence, contact information below.
4. Any person who believes that because of that person's race, color, national origin, limited English proficiency, familial status, sex, age, religion, or disability that he/she/they have been discriminated against or unfairly treated by the City of Hendersonville in violation of this policy should contact the Title VI Coordinator and City Clerk, Angela Reece within 180 days from the date of the alleged discriminatory occurrence, contact information below. Complaint forms are attached .

Angela Reece
City Clerk
160 Sixth Ave. East
Hendersonville, NC 28792

828-697-3005
828-697-3014 (Fax)
areece@hvlnc.gov |
<https://www.hendersonvillenc.gov/>

U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Compliant Portal, at the following link: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf) or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
800-537-7697 (TDD)

Adopted by the City Council of the City of Hendersonville, North Carolina on the _____ day of _____, 2022.

DISCRIMINATION COMPLAINT FORM IN ENGLISH AND SPANISH

Hendersonville, North Carolina

Discrimination Complaint Form

<p>RETURN COMPLAINT FORM TO: The City of Hendersonville Title VI Plan and Program Coordinator 160 6th Ave E. Hendersonville, NC 28792 828-697-3005</p>
<p>FOR OFFICE USE ONLY</p> <p>Date Complaint Received: _____</p> <p>Processed by: _____</p> <p>Case #: _____</p> <p>Date Referred: _____</p>

Any person who believes that he/she has been subjected to discrimination based upon race, color, creed, sex, age, national origin, or disability may file a written complaint with the City of Hendersonville, within 180 days after the discrimination occurred.

Last Name:		First Name:		<input type="checkbox"/> Male								
				<input type="checkbox"/> Female								
Mailing Address:		City	State	Zip								
Home Telephone:	Work Telephone:	E-mail Address										
<p>Identify the Category of Discrimination:</p> <table><tr><td><input type="checkbox"/> RACE</td><td><input type="checkbox"/> COLOR</td><td><input type="checkbox"/> NATIONAL ORIGIN</td><td><input type="checkbox"/> SEX</td></tr><tr><td><input type="checkbox"/> CREED (RELIGION)</td><td><input type="checkbox"/> DISABILITY</td><td><input type="checkbox"/> LIMITED ENGLISH PROFICIENCY</td><td><input type="checkbox"/> AGE</td></tr></table> <p><small>*NOTE: Title VI bases are race, color, national origin. All other bases are found in the "Nondiscrimination Assurance" of the FTA Certifications & Assurances.</small></p>					<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> SEX	<input type="checkbox"/> CREED (RELIGION)	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> LIMITED ENGLISH PROFICIENCY	<input type="checkbox"/> AGE
<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> SEX									
<input type="checkbox"/> CREED (RELIGION)	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> LIMITED ENGLISH PROFICIENCY	<input type="checkbox"/> AGE									
<p>Identify the Race of the Complainant</p> <table><tr><td><input type="checkbox"/> Black</td><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Asian American</td></tr><tr><td><input type="checkbox"/> American Indian</td><td><input type="checkbox"/> Alaskan Native</td><td><input type="checkbox"/> Pacific Islander</td><td><input type="checkbox"/> Other _____</td></tr></table>					<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American									
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____									
<p>Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.</p>												
<p>Names of individuals responsible for the discriminatory action(s):</p>												

How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. **(Attach additional page(s), if necessary).**

The law prohibits intimidation or **retaliation** against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).

Name

Address

Telephone

1. _____
2. _____
3. _____
4. _____

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.

- ☐ NC Department of Transportation _____
- ☐ Federal Transit Administration _____
- ☐ US Department of Transportation _____
- ☐ US Department of Justice _____
- ☐ Federal or State Court _____
- ☐ Other _____

Have you discussed the complaint with any Hendersonville representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

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

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

COMPLAINANT'S SIGNATURE

DATE

Hendersonville, North Carolina

Formulario de queja por discriminación

DEVUELVA EL FORMULARIO DE QUEJA A:

La ciudad de Hendersonville
Coordinador del Plan y el Programa del Título VI
160 6th Ave E.
Hendersonville, NC 28792
828-697-3005

SOLO PARA USO INTERNO

Fecha de recepción de la queja: _____

Procesado por: _____

No. de caso: _____

Fecha de la remisión: _____

Cualquier persona que crea que fue sujeto de discriminación por motivos de raza, color, credo, sexo, edad, país de origen o discapacidad puede presentar una queja por escrito ante la ciudad de Hendersonville, en un período de 180 días después de la discriminación.

Apellido:

Nombre:

☐ Hombre

☐ Mujer

Dirección de correo postal:

Ciudad

Estado

Código postal

Teléfono de casa:

Teléfono de trabajo:

Dirección de correo electrónico

Identifique la categoría de discriminación:

☐ RAZA

☐ COLOR

☐ PAÍS DE ORIGEN

☐ SEXO

☐ CREDOS (RELIGIÓN)

☐ DISCAPACIDAD

☐ POCO DOMINIO DEL INGLÉS

☐ EDAD

** NOTA: Las bases del Título VI son raza, color, país de origen. Todas las demás bases están en la "Garantía de no discriminación" de las Certificaciones y garantías de FTA.*

Identificar la raza del denunciante

☐ Negro

☐ Blanco

☐ Hispano

☐ Asiático americano

☐ Indio americano

☐ Nativo de Alaska

☐ De otras islas del Pacífico

☐ Otro

Fecha y lugar de las presuntas acciones discriminatorias. Incluya la última fecha de discriminación y la fecha más reciente de discriminación.

Nombres de las personas responsables de las acciones discriminatorias:

¿Cómo lo discriminaron? Describa la naturaleza de la acción, decisión o condiciones de la presunta discriminación. Explique lo más claramente posible lo que sucedió y por qué cree que su estado de protección (base) fue un factor en la discriminación. Incluya cómo trataron a otras personas de manera diferente a usted. **(Adjunte más páginas, si es necesario).**

La ley prohíbe la intimidación o las **represalias** contra cualquier persona porque haya tomado medidas o haya participado en acciones para garantizar los derechos protegidos por estas leyes. Si cree que se tomaron represalias contra usted, aparte de la discriminación declarada arriba, explique las circunstancias abajo. Explique qué acción tomó y cuál cree que fue la causa de la presunta represalia.

Nombres de personas (testigos, compañeros de trabajo, supervisores u otros) a quienes podemos contactar para obtener más información para respaldar o aclarar su queja: (Adjunte más páginas, si es necesario).

Nombre

Dirección

Teléfono

1. _____
2. _____
3. _____
4. _____

¿Presentó o tiene la intención de presentar una queja con respecto al asunto planteado ante alguna de las siguientes autoridades? Si la respuesta es Sí, escriba las fechas de presentación. Marque todas las opciones que correspondan.

- ☐ Departamento de Transporte de Carolina del Norte _____
- ☐ Administración Federal de Tránsito _____
- ☐ Departamento de Transporte de EE. UU. _____
- ☐ Departamento de Justicia de EE. UU. _____
- ☐ Tribunal federal o estatal _____
- ☐ Otro _____

¿Ha hablado sobre la queja con algún representante de Hendersonville? Si la respuesta es Sí, escriba el nombre, el cargo y la fecha en la que hablaron.

Dé cualquier otra información que crea que podría ayudar con una investigación.

Explique brevemente qué recurso o acción está buscando por la presunta discriminación.

**** NO PODEMOS ACEPTAR UNA QUEJA QUE NO ESTÉ FIRMADA. FIRME ABAJO EL FORMULARIO DE QUEJA Y ESCRIBA LA FECHA:**

FIRMA DEL DEMANDANTE

FECHA