

Resolution 2020-05

A Resolution for the Town of Oriental to Prohibit Discrimination in Programs and Services, and in Activities Receiving Federal Financial Assistance

WHEREAS, in 1964, Congress enacted the Civil Rights Act of 1964, which included that section labeled Title VI, which prohibits discrimination in any activity which is financed by federal funds or receives federal assistance; and

WHEREAS, since the adoption of Title VI, additional federal regulations and court decisions have further refined the definition of “federal financial assistance” and what entities are affected and controlled by Title VI; and

WHEREAS, the Town of Oriental has no formal policy in place for defining and preventing discrimination in the activities and for the entities Title VI affects; and

WHEREAS, the interpretation and application are not intuitive or readily understood, requiring an understanding of what “federal financial assistance” might be in any particular situation and what persons or entities must comply with Title VI; and

WHEREAS, a policy and procedure for reporting violations will provide guidelines for the Town, Town Departments, and private persons and companies doing business with the Town and receiving federal financial assistance.

NOW, THEREFORE BE IT RESOLVED by the Mayor and Board of the Town of Oriental, that the attached Title VI Policy is hereby adopted as the official policy of the Town of Oriental for applying, reporting, and enforcing Title VI of the Civil Rights Act of 1964.

IT IS FURTHER RESOLVED that the Town Manager is authorized to approve and renew this policy yearly, as amended, and in conjunction with the adoption of the annual Town budget.

Adopted this 25th Day of June, 2020.

SIGNED: Sally T. Belangia, Mayor

ATTEST: Diane H. Miller, Clerk/Manager

Town of Oriental Title VI Nondiscrimination Policy

It is the Policy of the Town of Oriental to ensure that no person shall, on the grounds of race, color, national origin, limited English proficiency, income-level, sex, sexual orientation, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any Town of Oriental program or activity, including, where applicable, religion, as provided by Title VI of the Civil Rights Act of 1964 and other pertinent nondiscrimination authorities.

The following practices are hereby prohibited throughout the Town of Oriental to comply, at a minimum, with Title VI and related requirements:

- Denying to an individual any standard service, financial aid, or other program benefit without good cause;
- Providing any service, financial aid, or other benefit to a person which is distinct in quantity or quality, or is provided in a different manner, from that provided to others under the program;
- Subjecting a person to segregation or separate treatment in any part of a program;
- Restrictions in the enjoyment of any advantages, privileges, or other benefits enjoyed by others;
- Methods of administration which, directly or through contractual relationships, would defeat or substantially impair the accomplishment of effective nondiscrimination;
- Different standards, criteria, or other requirements for admission, enrollment, or participation in planning, advisory, contractual, or other integral activities;
- Acts of intimidation, or retaliation, including threatening, coercing, or discrimination against any individual with the purpose of interfering with any right or privilege secured by any pertinent nondiscrimination law, or because s/he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing;
- Discrimination in any employment resulting from a program, a primary objective of which is to provide employment.



Town of Oriental Discrimination Complaint Form

Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin or disability may file a written complaint with the **Town of Oriental**, 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		

Identify the Category of Discrimination:

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> AGE
<input type="checkbox"/> DISABILITY	<input type="checkbox"/> SEX		

Identify the Race of the Complainant

<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 _____

Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.

Names of individuals responsible for the discriminatory action(s):

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).

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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.

- U.S. Equal Employment Opportunity Commission _____
- Environmental Protection Agency _____
- Federal or State Court _____
- Other _____

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

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

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

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

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:

Manager, Town of Oriental
PO Box 472
Oriental, NC 28571
manager@townoforiental.com

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: Attorney _____ Board _____

Date Referred: _____