

# Ben Hill County ADA/Title VI Complaint Form

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## **Background**

Recipients must create and make available an Americans with Disabilities Act (ADA) / Title VI Complaint Form for use by customers who wish to file an ADA / Title VI complaint. The complaint form shall be available on the recipient's website. A recipient's ADA / Title VI Complaint Form shall specify the type of complaint, ADA or Title VI.

The Civil Rights of 1964 (Title VI) identifies the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination.

If any of the Limited English Proficient (LEP) populations in our service area meet the Safe Harbor threshold then the procedure will be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold

This form is also used for Americans with Disabilities Act (ADA) complaints. The Americans with Disabilities Act of 1990 (ADA), provides protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any Ben Hill County program, service or activity.

Ben Hill County is committed to providing non-discriminatory service to ensure that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of its services on the basis of race, color, or national origin as protected by Title VI of the Civil Rights Act of 1964 (Title VI) as well as providing protection that no individual with a disability shall on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination as stated in the Americans with Disabilities Act of 1990 (ADA).

If you feel that you have been discriminated against, please provide the following necessary information to facilitate the processing of your complaint. If assistance is required to complete the form, or if you have questions, please do not hesitate to call the ADA/Title VI Coordinator at 229-426-5100

Once completed, return a signed and dated copy to:

Michael Dinnerman  
County Manager, Ben Hill County  
402-A East Pine Street  
Fitzgerald GA 31750-2866  
229-426-5100  
mdinnerman@benhillcounty.com

*Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please call (229-426-5100)*

## Ben Hill County ADA/Title VI Complaint Form

What is the nature of your complaint ADA or Title VI? Please check one of the following below:

**ADA** \_\_\_      **or**      **Title VI** \_\_\_

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
<b>Accessible Format Requirements?</b>	Large Print		<b>Audio Tape</b>	
	TDD		<b>Other</b>	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
_____				
_____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No

<b>Section V</b>	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
<b>Name:</b>	
<b>Title:</b>	
<b>Agency:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below

\_\_\_\_\_

Signature Date

Please submit this form in person at the address below, or mail this form to:

Michael Dinnerman  
 County Manager, Ben Hill County  
 402-A East Pine Street  
 Fitzgerald GA 31750-2866  
 229-426-5100  
[mdinnerman@benhillcounty.com](mailto:mdinnerman@benhillcounty.com)

## Formulario de queja de la ADA / Título VI del condado de Ben Hill

¿Cuál es la naturaleza de su queja ADA o Título VI? Marque una de las siguientes opciones a continuación:

ADA \_\_\_ o Título VI \_\_\_

<b>Sección I:</b>			
<b>Nombre:</b>			
dirección:			
Teléfono (Casa):		Teléfono (Trabajo):	
Dirección de Correo Electrónico:			
Requisitos formato accesible?	Letra Grande		<b>Audio Tape</b>
	TDD		<b>Other</b>
<b>Sección II:</b>			
¿Está usted presentando esta queja en su propio nombre?		Sí*	No
* Si usted contestó "sí" a esta pregunta, ve a la sección III.			
Si no es así, por favor proporcione el nombre y la relación de la persona a la que usted se queja:			
Por favor, explique por qué usted ha presentado por un tercero:			
Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.		Sí	No
<b>Sección III:</b>			
Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):			
<input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen Nacional			
Fecha de la Discriminación Presunta (Mes, Día, Año): _____			
Explique lo más claramente posible lo que pasó y por qué cree que fue discriminado. Describir todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de contacto con los testigos. Si se necesita más espacio, por favor use el reverso de este formulario. _____ _____			
<b>Sección IV:</b>			
¿Ha presentado anteriormente una queja del Título VI con esta agencia?		Sí	No

<b>Sección V:</b>	
¿Ha presentado esta queja ante cualquier otro, estatal o agencia local Federal, o con cualquier tribunal federal o estatal? <input type="checkbox"/> Sí <input type="checkbox"/> No En caso afirmativo, marque todo lo que corresponda: <input type="checkbox"/> Agencia Federal: _____ <input type="checkbox"/> Tribunal Federa: _____ <input type="checkbox"/> Agencia Estatal: _____ <input type="checkbox"/> Tribunal Estatal: _____ <input type="checkbox"/> Agencia Local: _____	
Sirvanse proporcionar información acerca de una persona de contacto en la agencia / tribunal donde se presentó la queja.	
<b>Nombre:</b>	
<b>título:</b>	
<b>agencia:</b>	
dirección:	
Teléfono:	
<b>Sección VI:</b>	
Nombre de la agencia de queja es en contra:	
Persona de contacto:	
<b>título:</b>	
Teléfono:	

Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja.

Firma y fecha requerida a continuación

\_\_\_\_\_

Firma Fecha

Por favor, envíe este formulario en persona en la dirección indicada más abajo, o envíe este formulario a:

Michael Dinnerman Administrador del condado, condado de Ben Hill 402-A East Pine Street Fitzgerald  
GA 31750-2866 229-426-5100 mdinnerman@benhillcounty.com