

NEA's Civil Rights Complaint Form Package

Agency Complaint Number: <hr/>
Date Received: <hr/>

STATEMENT OF DISCRIMINATION COMPLAINT

1. Name of person or organization filing this complaint:

NAME: (Mr., Mrs., Ms.)

(LAST, FIRST, MIDDLE)

ADDRESS:

CITY, STATE, ZIP CODE:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

(Area Code)

(Area Code)

2. Name of person or organization discriminated against: (If other than person or organization filing)

NAME: (Mr., Mrs., Ms.)

(LAST, FIRST, MIDDLE)

ADDRESS:

CITY, STATE, ZIP CODE:

HOME TELEPHONE NUMBER:

WORK TELEPHONE NUMBER:

(Area Code)

(Area Code)

3. The Civil Rights Office investigates discrimination complaints filed against institutions and agencies which receive funds from the National Endowment for the Arts (NEA). Please identify the institution or agency that discriminated against you. If the NEA does not have jurisdiction over your complaint, we will refer it to the appropriate agency and will notify you of that fact.

INSTITUTION/AGENCY NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

WORK TELEPHONE NUMBER:

_____ (Area Code)

4. The laws the NEA enforces prohibit discrimination because of race, color, national origin, sex, disability, or age. Please indicate whether your complaint concerns services or employment (or both) and complete the appropriate category(ies) under basis:

BASIS (check one or more and specify for each item checked)

___ Services

___ Race/Color _____
___ National Origin _____
___ Limited English Proficiency (LEP) _____
___ Sex _____
___ Disability _____
___ Age _____

___ Employment

___ Race/Color _____
___ National Origin _____
___ Limited English Proficiency (LEP) _____
___ Sex _____
___ Disability _____
___ Age _____

5. What is the most recent date you were discriminated against? _____

If this date is more than 90 days ago, please explain why you waited until now to file your complaint. (Attach additional pages if necessary)

6. When did the alleged discrimination begin? _____

7. When and in what way did you first become aware that the treatment, act, decision, etc. was discriminatory?
(Please specify and attach additional pages if necessary.)

When (date): _____

8. Have you tried to resolve your complaint through the internal grievance procedures with the institution or agency?

Yes _____

No _____

9. If you answered yes, please tell us the status of your complaint at this time.

10. Name and title of person who conducted the grievance procedure:

11. Have you (or the person you are filing this complaint for) ever filed a complaint with the NEA before?

Yes _____

No _____

If yes, against what institution(s) or agency(ies) was (were) your complaint(s) filed?

Name of Institution or Agency:

Date Filed: _____

Name of Institution or Agency:

Date Filed: _____

12. Have you filed your complaint with any other agency Federal, State or local civil rights agency, or any Federal or State court?

Yes _____

No _____

If you answered yes, please give us the details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Name of Agency or Court:

Address: _____

City, State, Zip Code:

Telephone Number: _____ Date Filed: _____
(Area Code)

Results of Investigation/Findings by Agency or Court:

13. If you have not filed with another agency, do you intend to do so?

Yes _____

No _____

Name of Agency: _____

Address:

City, State, Zip Code:

Telephone Number:(Area Code) _____

If you answered yes, please tell us when you intend to file:

14. If you know of any NEA funds received by the program or activity in which the alleged discrimination occurred, please provide this information below:

15. Please send copies of any written materials, data, or other documents which you think will help us understand your complaint.

16. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

Signature of Complainant: _____
(Date)

Name: _____
(Please Type or Print)

Please complete this form and return it to:

Civil Rights Office
National Endowment for the Arts
400 7th Street, SW
Washington, D.C., 20506
Telephone Number: (202) 682-5454
FAX Number: (202) 682-5553.

**AUTHORIZATION FOR RELEASE OF INFORMATION IN
THE INVESTIGATION OF DISCRIMINATION COMPLAINT**

I hereby authorize the Civil Rights Office (CRO), National Endowment for the Arts, to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personnel records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am voluntarily authorizing the release of this information.

Signature of Complainant

Date

I wish to qualify this release in the following manner, although I realize this may impede the CRO's ability to investigate my case.

Signature of Complainant

Date

I do not want the CRO to reveal my identity to the institution under investigation, or to review, receive copies of, and discuss material and information about me pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my case and may result in the closure of the investigation.

Signature of Complainant

Date

Name of Complainant

(Please type or print)

Please complete this form and return it to the Civil Rights Office, National Endowment for the Arts, 400 7th Street, SW, Washington, D.C. 20506.

DESIGNATION OF REPRESENTATIVE IN DISCRIMINATION COMPLAINT

I have designated _____
(Please type or print Name of Representative)

Address: _____

(City, State, Zip Code)

Telephone Number: _____
(Area Code)

to represent me in my complaint. I would like for you to send copies of all further correspondence to my representative.

I, the individual, or organization named as my representative may cancel this designation, in writing.

A subsequent designation automatically cancels a previous designation.

I will notify my representative and the Civil Rights Office, National Endowment for the Arts, when the previous designation is canceled.

Signature of Complainant _____
Date

Name of Complainant (Please type or print) _____
Date

Please complete this form and return it to the Civil Rights Office, National Endowment for the Arts, 400 7th Street, SW, Washington, D.C. 20506.

AUTHORIZATION TO REVEAL IDENTITY OF COMPLAINANT

I have read the Notice about Investigatory Uses of Personal Information from the Civil Rights Office (CRO), National Endowment for the Arts (NEA). As a complainant, I understand that in the course of the investigation it may become necessary for CRO to reveal my identity to persons at the institution under investigation.

I am also aware of the obligations of CRO to honor requests under the Freedom of Information Act. I understand that it may be necessary for CRO to disclose information, including personally identifying details, which it has gathered as part of its investigation of my complaint. In addition, I understand that as a complainant I am covered by the NEA's regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of the Endowment's investigation, conciliation, or enforcement process.

PLEASE CHECK THE APPROPRIATE BLOCK AND SIGN BELOW, RETURN ONE COPY TO THE CIVIL RIGHTS OFFICE AND KEEP ONE COPY FOR YOUR RECORDS.

Consent - I have read and I understand the above and authorize CRO to reveal my identity to persons at the institution under investigation.

Consent denied - I have read and I understand the above and do not want CRO to reveal my identity to the institution under investigation. I understand this is likely to impede the investigation of my complaint and may result in closure of the investigation.

Name: _____
(Please type or print)

Signature: _____

Address: _____

Telephone (Area Code):

Date: _____

Please complete this form and return it to the Civil Rights Office, National Endowment for the Arts, 400 7th Street, SW, Washington, D.C. 20506.