

The City of Clearwater is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any program, activity or service that it provides.

Clearwater Discrimination Complaint Procedure

1. Any person who believes that he or she has suffered discrimination on the basis of race, color, national origin (including language), disability, sex, age, religion or other protected status under a City of Clearwater program, they, may file a complaint with the City Clerk's office. A complaint may also be filed by a representative on behalf of such a person. All complaints will be referred to the City Clerk for resolution or investigation.

2. In order to have the complaint consideration under this procedure, the complainant must file the complaint no later than 180 days after:

- a. The date of alleged act of discrimination; or
- b. Where there has been a continuing course of conduct, the date on which that conduct was discontinued.

3. Complaints shall be in writing and shall be signed by the complainant and/or the complainant's representative. The City will track all complaints received under this policy through a spreadsheet maintained in City records. The spreadsheet will also track the status of the complaints, whether open, closed, resolved or otherwise.

Complaints shall set forth as fully as possible the facts and circumstances surrounding the claimed discrimination. In the event that a person makes a verbal complaint of discrimination to an officer or employee of the City, the person shall be interviewed by the City Clerk acting as the investigator. If necessary, the City Clerk will assist the person in reducing the complaint to writing and submit the written version of the complaint to the person for signature. The complaint shall then be handled according to the City's investigative procedures.

Title VI Complaint Form

4. The City will take reasonable step to ensure access to all people and that accommodation is available to facilitate participation by limited English proficient speakers and disabled persons.

The City will provide qualified interpreters to Limited English Proficient speakers and to disabled persons who are deaf or hard of hearing. The City will hire individuals as necessary to ensure effective communication or an equal opportunity to participate in the decision-making process. The City will work through specialty contracts for translation services.

5. Within 15 days, the City Clerk will acknowledge receipt of the allegation, inform the complainant of the proposed action to process the allegation, and advise the complainant of other avenues of redress available.

6. The parties may seek informal resolution of the Complaint. Such a resolution would be summarized in a writing that preserves the parties' understandings of the agreement.

If the matter cannot be resolved informally, then the City Clerk will review the complaint and may ask follow up questions from the complainant. If additional information is requested but not received, the case may be closed. The case may also be closed if the complainant advises the City in writing that it no longer wants to pursue the complaint. The City Clerk may take up to 60 days to investigate the claim based on the nature and complexity of the issue.

To file a complaint, call 620-584-2311; email the City Clerk; or visit City Hall at 129 E. Ross Ave Clearwater, KS 67026.

A complainant may also file a complaint directly with:

Kansas Governor's Grant Program
Civil Rights Liaison: Erica Haas
900 SW Jackson St.
Landon State Office Bldg., Rm. 304 North
Topeka, KS 66612
785-291-3205
Fax: 785-291-3204
erica.haas@ks.gov

U.S. Department of Homeland Security
Office of Civil Rights and Civil Liberties

Compliance Branch
245 Murray Lane, SW
Building 410, Mail Stop #0190
Washington, DC 20528
Email: CRCLCompliance@hq.dhs.gov
Fax: 202-401-4708

Any findings of discrimination against the City will be reported to the Kansas Governor's Grants Program and the Office for Civil Rights.

Complaint Form

The purpose of this form is to assist you in filing a complaint with the City of Clearwater. You are not required to use this form; a letter containing the same information will be sufficient.

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
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
Section III: Description of your complaint				

--

Section IV:		
Have you previously filed a Title VI complaint with this agency?	Yes	No

Section V:

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:

Title:

Agency:

Address:

Telephone:

Section VI

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:

City of Clearwater
ATTN: City Clerk 129 E Ross Ave
Clearwater, KS 67026