

# **First Tennessee Human Resource Agency**

## **Title VI/ADA Complaint Procedure Policy**



**Jason Cody**  
**Executive Director**

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It is the policy of the First Tennessee Human Resource Agency (FTHRA) to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR, Part 21; related statutes and regulations that ensure no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance from the Tennessee or U.S. Departments of Transportation.

It is the policy of the First Tennessee Human Resource Agency to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Agency shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." as well as any other applicable law pertaining to disability non-discrimination. It is the policy of this agency to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the Agency that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the Agency or be subjected to discrimination.

Any person that believes he or she has been discriminated against may contact:

FTHRA Title VI Coordinator  
704 Rolling Hills Drive  
Johnson City, TN 37604  
Phone: 423-565-9014  
Fax: 423-461-8228  
Email: [ftkra@ftkra.org](mailto:ftkra@ftkra.org) Or visit <http://www.ftkra.org/public-notices>

Or

Tennessee Department of Transportation, Civil Rights Division  
Title VI Program Director, 312 Rosa L. Parks Ave., 15<sup>th</sup> Floor, Nashville, TN 37243  
Phone: 615-741-3681 Toll Free: 1-888-370-3647 Fax: 615-741-3169

Or

Federal Transit Administration  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5<sup>th</sup> Floor – TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
[http://ftkra.org/images/uploads/public-notices/Consolidated\\_Civil\\_Rights\\_Complaint\\_Form.pdf](http://ftkra.org/images/uploads/public-notices/Consolidated_Civil_Rights_Complaint_Form.pdf)

A copy of the FTA Complaint Form will be mailed or emailed to you upon request or may be downloaded at <http://www.ftkra.org/public-notices>

With your form, please attach on separate sheet(s):

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from the transit provider.

## File a Complaint with FTA

If you believe you have been discriminated against by a public transit provider, you may file an administrative complaint with the FTA Office of Civil Rights. FTA processes complaints under the following programs:

- [Americans with Disabilities Act \(ADA\)](#): prohibits discrimination based on disability
- [Title VI](#): prohibits discrimination based on race, color, or national origin
- [Equal Employment Opportunity \(EEO\)](#): prohibits discrimination toward an employee or job applicant based on race, color, religion, national origin, sex, age or disability. FTA investigates systemic charges of discrimination involving a transit agency's employment policies and practices. All individual complaints of discrimination must go to the [Equal Employment Opportunity Commission \(EEOC\)](#).
- [Disadvantaged Business Enterprise \(DBE\)](#): requires FTA funding recipients to comply with the DBE regulations (49 CFR Part 26).

## Who May File a Complaint

If you believe a public transit provider has failed to comply with any of the above requirements, you may file an administrative complaint with the FTA Office of Civil Rights. Complaints should be filed within 180 days of the alleged violation.

## How to File

File a complaint by completing the [FTA complaint form \(PDF\)](#). The complaint form should be mailed to [FTACivilRightsCommunications@dot.gov](mailto:FTACivilRightsCommunications@dot.gov) with "FTA complaint form" included in the subject line.

Or alternatively, complaints may be mailed to:

Federal Transit Administration  
Office of Civil Rights  
Attention: Complaint Team  
East Building, 5th Floor – TCR  
1200 New Jersey Avenue, SE  
Washington, DC 20590

With your form, please attach on separate sheet(s) or include in the body of your email:

- A summary of your allegations and any supporting documentation.

- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from your transit provider.

If you have questions on how to prepare a complaint, please contact our toll-free civil rights hotline at (888) 446-4511.

## **What to Expect from FTA’s Complaint Process**

FTA strives to process complaints promptly. At the conclusion of our investigation, you will receive a letter outlining our findings. We do not represent individual complainants; our role is to ensure FTA funding recipients are in compliance with Title VI, EEO, DBE and ADA requirements. In the FTA complaint investigation process, we analyze allegations for possible deficiencies by the transit provider. If deficiencies are identified, we work with the transit provider to correct the deficiencies within a predetermined timeframe.

## **Filing a Local Complaint**

We encourage, though do not require, individuals to first file a complaint directly with their transit provider to give it an opportunity to resolve the situation. FTA grantees are required under the ADA, Title VI, and EEO to have local complaint procedures.

Title VI Notices, posters, brochures and additional information are displayed in our public office lobbies, posted in revenue service transit vehicles and also made available via linked documents on our website.

### **FTHRA Title VI/ADA Coordinator Designation**

First Tennessee Human Resource Agency  
Title VI/ADA Coordinator Designation  
Coordinator Name: Malaika C. Barlow  
Coordinator position within Agency:  
Director of Human Resources  
Coordinator phone number: 423-565-9014

### **FTHRA Title VI/ADA Complaint Procedures**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by FTHRA or its programs or discriminated on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control may file a Title VI/ADA complaint by completing and submitting the agency’s Title VI/ADA Complaint Form. FTHRA investigates complaints received no more than 180 days after the alleged incident. FTHRA will process complaints that are complete. Once the complaint is received, FTHRA will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by Title VI/ADA nondiscrimination provisions may file a written complaint with FTHRA's Title VI/ADA Program Coordinator. A formal complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant. The complaint must meet the following requirements.
  - a. Complaint shall be in writing and signed by the complainant(s).
  - b. Include the date of the alleged act of discrimination (date when the complainant(s) became aware of the alleged discrimination; or the date on which that conduct was discontinued or the latest instance of the conduct).
  - c. Present a detailed description of the issues, including names and job titles (as applicable) of those individuals perceived as parties in the complained-of incident.
  - d. Allegations received by fax or e-mail will be acknowledged and processed, once the identity(ies) of the complainant(s) and the intent to proceed with the complaint have been established. The complainant is required to mail a signed, original copy of the fax or e-mail transmittal for FTHRA to be able to process it.
  - e. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing.

A complaint form will be forwarded to the complainant for him/her to complete, sign, and return to FTHRA for processing.

2. Upon receipt of the complaint, the Title VI/ADA Program Coordinator will determine its jurisdiction, acceptability, and need for additional information, as well as investigate the merit of the complaint and of referring it to the appropriate agency to be investigated and adjudicated.
3. In order to be accepted, a complaint must meet the following criteria:
  - a. The complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.
  - b. The allegation(s) must involve a covered basis such as race, color, national origin or disability.
  - c. The allegation(s) must involve a program or activity of a Federal-aid recipient, sub-recipient, or contractor.
4. A complaint may be dismissed for the following reasons:
  - a. The complainant requests the withdrawal of the complaint.
  - b. The complainant fails to respond to repeated requests for addition information needed to process the complaint.
  - c. The complainant cannot be located after reasonable attempts.
5. Once FTHRA decides to accept the complaint for investigation, the complainant and the respondent will be notified in writing of such determination within seven calendar days. The complaint will receive a case number and will then be logged into FTHRA's records identifying its basis and alleged harm.
6. In cases where FTHRA assumes the investigation of the complaint, FTHRA will provide the respondent with the opportunity to respond to the allegations in writing. The respondent will have 10 calendar days from the date of FTHRA's written notification of acceptance of the complaint to furnish his/her response to the allegations.

7. FTHRA's final investigative report and a copy of the complaint will be forwarded to FHWA (or appropriate State or Federal Agency) and affected parties within 60 calendar days of the acceptance of the complaint.

8. FTHRA will notify the parties of its final decision.

9. If complainant is not satisfied with the results of the investigation of the alleged discrimination and practices the complainant will be advised of the right to appeal to the appropriate State or Federal Agency.

NOTE: A copy of the FTHRA Title VI/ADA Complaint form may be requested to be sent to you via mail or email. A copy of the FTHRA Title VI/ADA Complaint Form is also found at the end of the document or may be download at <http://www.fthra.org/public-notice>



# First Tennessee Human Resource Agency Title VI/ADA Complaint Form

*It is the policy of the First Tennessee Human Resource Agency to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR, Part 21; related statutes and regulations that ensure no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal or state financial assistance from the Tennessee or US Departments of Transportation.*

*It is the policy of the First Tennessee Human Resource Agency to prohibit discrimination against any qualified individual on the basis of disability in regards to the admission or access to, or treatment in, its programs, services or activities or accessibility to facilities within its ownership or control. The Agency shall comply with applicable requirements of Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title 28 of the code of Federal Regulations Part 35, "Non-discrimination on the Basis of Disability in State and Local Government Services." as well as any other applicable law pertaining to disability non-discrimination. It is the policy of this agency to operate each service, program, or activity so that the service, program, or activity when viewed in its entirety, is readily accessible to and usable by qualified individuals with disabilities. Furthermore, it is the policy of the Agency that no qualified individual with a disability, because facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of the Agency or be subjected to discrimination.*

**The following information is needed in order to process your complaint:**

## **YOUR INFORMATION:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Telephone Number (best number to call):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## **INFORMATION ABOUT THE PERSON YOU BELIEVE DISCRIMINATED AGAINST YOU (PROVIDE ALL AVAILABLE INFORMATION)**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Telephone Number (best number to call):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**INFORMATION ABOUT THE ALLEGED DISCRIMINATION**

**What is/are the basis(es) on which you believe these alleged discriminatory actions were taken:**  Race  Color  National Origin  Disability  Other, explain \_\_\_\_\_

**Date(s) of Incident:** \_\_\_\_\_

**Type of Grievance (check all that apply):**

Accommodation Request  Program/Service  Facility Accessibility

Other, *explain in detail* \_\_\_\_\_

**A brief discription of what happened: (Please include how, why, and when you believe your rights or someone else’s rights were violated in the space below. Add additional sheets of paper for space.)**

**The complaint will not be accepted if it has not been signed. Please sign and date this complaint form below. You may attach any written materials or other supporting information that may be relevant to your claim.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit complaint form and any additional information to:** FTHRA Title VI/ADA Coordinator, 704 Rolling Hills Drive Johnson City, TN 37604 Phone: 423-565-9014 Fax:423-461-8228 Email: [fthra@fthra.org](mailto:fthra@fthra.org)

\*A formal complaint must be filed within 180 days of the alleged discriminatory act or occurrence.

\* Title VI complaints may also be filed with the Tennessee Department of Transportation Civil Rights Division, Attention: Title VI Program Director and/or Federal Transit Administration Office of Civil Rights, Attention: Compliant Team.