

Insert your logo

Title VI Public Involvement

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The Local Public Agency (LPA) staff in charge of managing public meetings and community engagement will handle the information gathered as confidentially as possible. For further information regarding this process, please contact (insert LPA's name) _____ and the Title VI Coordinator by phone at _____.

Please respond to the following questions:

Project Name		Date
Location of Public Meeting		
Name (Optional) <i>(Please print):</i>		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose
General Ethnic Identification Categories (Check as many as apply):		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to disclose	
Country of Birth:		
<input type="checkbox"/> Canada	<input type="checkbox"/> China	<input type="checkbox"/> Korea
<input type="checkbox"/> Germany	<input type="checkbox"/> Japan	<input type="checkbox"/> Philippines
<input type="checkbox"/> Mexico	<input type="checkbox"/> England	<input type="checkbox"/> USA
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Somali
What is your Marital Status?		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> In a domestic partnership	<input type="checkbox"/> Prefer not to disclose
Language Spoken at Home (Check as many as apply):		
<input type="checkbox"/> English Only	<input type="checkbox"/> Korean	<input type="checkbox"/> German
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Russian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Other	<input type="checkbox"/> Somali
Age:		
<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-34
<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64
<input type="checkbox"/> 65-79	<input type="checkbox"/> 80+	<input type="checkbox"/> Prefer not to disclose

Thank you for your cooperation!

Title VI Notice to the Public

It is (insert LPA's name)_____ policy to assure that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its programs and activities. Any person who believes his/her Title VI protection has been violated, may file a complaint with the_____. For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact Title VI Coordinator at .

Americans with Disability Act (ADA) Information

In compliance with Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, it is (insert LPA's name)_____ policy to assure that no person with a disability shall be excluded from participation in, be denied the benefits of, or otherwise discriminated against under any of its programs, services, or activities solely based on that disability. Any person who believes their ADA protection has been violated may file a complaint with the _____. This material can be made available in an alternate format by emailing the _____ at _____ or by calling _____. Persons who are deaf or hard of hearing may make a request by calling the _____.