



Civil Rights Assurance Program (Title VI)



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Title VI Civil Rights Policy

The City of Flatwoods is committed to ensuring that no person is excluded from participating in, denied the benefits of, or subjected to discrimination under any program, activity, or service it provides. The City of Flatwoods will not tolerate intimidation, threats, coercion, or discrimination against any individual or group.

Title VI of the Civil Rights Act of 1964 is the overarching civil right law that prohibits discrimination based on race, color, or national origin in any program, service, or activity that receives federal assistance. Specifically, Title VI assures that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity receiving federal assistance.” Nondiscrimination prohibitions have further broadened and supplemented by related statutes, regulations, and executive orders.

- Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in any educational or training program receiving federal financial assistance with a limited number of defined exceptions;
- Section 13 of the Federal Water Pollution Control Act Amendments of 1972, which states that no person shall on the ground of sex be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal assistance under this Act;
- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of an individual’s disability by all federal agencies and in all federally funded activities;
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination in federally supported activities on the basis of age; and
- U.S. Department of Homeland Security regulation 6 C.F.R. Part 19, which prohibits discrimination based on religion in social service programs.



Title VI Civil Rights Policy

The City of Flatwoods will not restrict any individual in any way from the service of any of its programs, regardless of the funding source of the program. Individuals may not be subjected to criteria or methods of administration which cause adverse impact because of their race, color, national origin, sex/gender, disability, age, and/or religion or have the effect of defeating or substantially impairing accomplishment of the objectives of the program because of race, color, national origin, sex/gender, disability, age, and/or religion.

The City of Flatwoods will not tolerate intimidation, threats, coercion, or discrimination against any individual or group for the purpose of interfering with any right or privilege guaranteed under law or regulations or because the individual has filed a complaint or has testified, assisted, or participated in any way in an investigation, proceeding, or hearing or has opposed any City action or decision.



Title VI Civil Rights Complaint Process and Procedure

The City of Flatwoods operates without regard to race, color, national origin, sex/gender, disability, age, and/or religion and provides equal access to its programs and services to all members of the public. The following information serves to inform the public of its right to this access and to educate members of the public so they may understand their rights under civil rights law, which protects the receipt and benefit of services defined by Title VI of the Civil Rights Act of 1964 and supplemented by related statutes, regulations, and executive orders.

For information on Title VI complaint and investigation procedures or to fill out a Title VI complaint form, please see the following Title VI Complaint and Investigation Procedures.

Persons who require alternative means of communication for program or service information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the City's civil rights coordinator. Additionally, program and service information may be made available in languages other than English. Auxiliary aids, services, and information will be provided free of charge.

Title VI Complaint and Investigation Procedures

The following procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 for alleged discrimination in any program or activity administered by the City of Flatwoods. These procedures do not affect the right of the complainant to file formal complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Any individual, group, or entity that believes they have been subjected to discrimination prohibited under Title VI may file a written complaint using the Title VI Complaint Form and return it to the City's designated civil rights coordinator:

City of Flatwoods: Buford Hurley II, Mayor
2513 Reed Street
Flatwoods, Kentucky 41139



Title VI Civil Rights Complaint Process and Procedure

The following measures will be taken to resolve Title VI complaints:

A formal complaint must be filed within one hundred eighty (180) calendar days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative and will include the complainant's name, address, phone number, name of the alleged discriminating person(s), basis of complaint (race, color, national origin, sex/gender, disability, age, and/or religion), and the date of the alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints. A copy of the complaint form can be found on the City of Flatwoods website or may be requested by contacting the civil rights coordinator at (606) 836-9661. The City encourages individuals to submit Title VI complaints in writing using the Title VI Complaint Form and return it to the City's designated civil rights coordinator:

City of Flatwoods: Buford Hurley II, Mayor
2513 Reed Street
Flatwoods, Kentucky 41139

In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the City's civil rights coordinator. Under these circumstances, the complainant will be interviewed, and staff will assist the complainant in converting the verbal allegations to writing.

The City of Flatwoods will process complaints that are complete. Once a completed complaint is received, the City will determine if it has jurisdiction. The complainant will receive a letter acknowledging receipt of the complaint and whether or not the City has jurisdiction to investigate the complaint.



Title VI Civil Rights Complaint Process and Procedure

The City of Flatwoods will generally complete an investigation within ninety (90) days from the receipt of the complaint. If more information is needed to resolve the case, the City will contact the complainant. Unless a longer period is specified by the City, the complainant will have ten (10) days from the date of the request to send the information requested. If the requested information is not received, the City may administratively close the case. A case may be administratively closed if the complainant no longer wishes to pursue it.

After the investigation is complete, the City of Flatwoods will send the complainant a letter summarizing the results of the investigation, stating the findings, and advising of any corrective action to be taken as a result of the investigation. If the complainant disagrees with the City's determination, the complainant may request reconsideration by submitting a request in writing to the Corporation Counsel within seven (7) days after the date of the letter stating the specificity for the reconsideration. The Corporation Counsel will notify the complainant of the decision either to accept or reject the reconsideration within ten (10) days. In cases where reconsideration is granted, the Corporation Counsel will issue a determination letter to the complainant upon completion of the reconsideration review.



Limited English Proficiency Policy

As part of the City of Flatwoods Limited English Proficiency (LEP) Assessments, the City has developed the following plan to provide meaningful access to its services, programs, and activities for persons who have limited English proficiency. The plan will be updated on a triannual basis or as needed.

Definition of Limited English Proficient Individuals

Individuals who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.

The City of Flatwoods must take reasonable steps to ensure meaningful access to its programs and activities by LEP persons.

Four-Factor Analysis

Four flexible, fact-dependent factors will be considered in developing language materials and an LEP plan. The following four-factor analysis will serve as the guide for determining which language assistance measures the City of Flatwoods will undertake.

- 1. The number or proportion of LEP persons served or encountered in the eligible service population.** For determining the LEP population, the City utilized the U.S. Census Bureau's American Community Survey Language Use Data for Language Spoken at Home. The City determined that one significant language population exists which speaks a language other than English. Spanish-speaking persons are 0.4% of the area population. The "safe harbor" provision stated in Federal LEP guidelines requires service providers to translate vital documents into languages spoken by LEP language groups likely to be affected or encountered that constitute more than 5% of the eligible population or 1,000 individuals, whichever is less.



Limited English Proficiency Policy

U.S. Census American Community Survey Five-Year Estimates (2022)

Languages Spoken at Home	City of Flatwoods	Percentage of Population 5 Years and Older
Speak Only English	6,972.91	99.4%
Speak English "Very Well"	6,972.91	99.4%
Speak English "Less Than Very Well"	UNK	0.0%
Speak a Language Other Than English	UNK	0.0%

Population 5 Years and Older by Language Spoken at Home and Ability to Speak English	City of Flatwoods	Percentage of Population 5 Years and Older
Population 5 Years and Older	6,972.91	100%
Speak English "Less Than Very Well"	UNK	0.0%
Spanish	28	0.4%
Speak English "Less Than Very Well"	0	0.0%
Other Indo-European	0	0.0%
Speak English "Less Than Very Well"	UNK	0.0%
Asian and Pacific Island	14	0.2%
Speak English "Less Than Very Well"	UNK	0.0%
All Other	0	0.0%
Speak English "Less Than Very Well"	0	0.0%



Limited English Proficiency Policy

2. **The frequency with which LEP individuals come in contact with the program.** Because of the public nature of the City's various programs, activities, and services, it is difficult to determine the number and frequency with which LEP individuals encounter the City's programs, activities, and services. Based on the City staff surveyed from various departments, it is estimated that they had zero to two interactions with LEP persons over the past year.
3. **The nature and importance of the program, activity, or service provided.** Many of the City's programs, activities, or services directly affect the health, safety, or welfare of the general population, including members of the LEP population. The programs, activities, or services with the greatest potential for direct interaction with the LEP population include water, sewer, and solid waste customer service; police and fire services; building and property code enforcement; assisted housing; mass transit; and parks/recreation.
4. **The resources available to the recipient and the costs.** Due to limited resources available, the City has chosen not to provide written translation of vital documents. Based on the number and proportion of LEP persons served or encountered, the frequency of contact, and the characteristics of service, the City has implemented the following language assistance steps:
 - a. Interpretation
 - i. *I Speak* cards will be available on all City properties.
 - ii. The City will utilize trusted family members and friends as interpreters when available for LEP persons who may feel more comfortable with that option with the understanding the City cannot require LEP persons to use family members or friends as interpreters.
 - iii. Google Translate Application



Limited English Proficiency Policy

b. Translation

- i. Persons who require alternative means of written communication for program or service information (e.g., Braille, large print, audiotape, American Sign Language, languages other than English, etc.) should contact the City's civil rights coordinator at (606) 836-9661. Auxiliary aids, services, and information will be provided free of charge.

Employee Training

The City of Flatwoods will hold annual training on Title VI program and procedures. *I Speak* cards will be discussed and placed on all City properties.

Monitoring and Updating the LEP Plan

This policy is designed to be flexible and can be easily updated. The City of Flatwoods will review and update LEP policies and procedures each time new U.S. Census Bureau Statistics are published and/or every third year beginning in 2027.



I Speak...



Yo hablo español	Spanish	ຂອຍປາກພາສາລາວ	Laotian
我講國語 (Traditional) 我讲国语/普通话 (Simplified)	Mandarin Chinese	한국어 합니다	Korean
我講廣東話 (Traditional) 我讲广东话 (Simplified)	Cantonese Chinese	मैं हिंदी बोलता हूँ ।	Hindi
Tôi nói tiếng Việt	Vietnamese	Je parle français	French
Ja говорим српски	Serbian	พูดภาษาไทย	Thai
Ja govorim bosanski	Bosnian	Marunong akong mag-Tagalog	Tagalog
Govorim hrvatski	Croatian	Я говорю по-русски	Russian
Ich spreche Deutsch	German	 I, ME	American Sign Language
انا اتكلم العربية	Arabic	 SIGN, SIGN LANGUAGE	



Reasonable Accommodation Policy

It is the policy of the City of Flatwoods to provide reasonable modifications in its policies, practices, and procedures for all qualified people with disabilities and to provide these modifications quickly, easily, and with minimal burden to the person with the disability. Denial of a modification should occur only in situations for which the policy modification would fundamentally alter the program, service, or activity or would constitute an undue financial and/or administrative burden.

The City of Flatwoods shall take the following steps to implement the reasonable modification policy for the benefit of the public:

- Provide notice in accessible formats to members of the public of their rights to ask for a modification in policies, practices, and procedures or the use of an auxiliary aid or service in order to accommodate a disability.
- Respond to a request for a reasonable modification in a timely manner within 72 hours, if feasible. A department should never delay providing life-preserving modifications.
- Provide adequate communication devices for people with disabilities requesting communication assistance, such as qualified interpreters, note-takers, computer-aided transcription services, written materials, audio recordings, computer disks, large print and Brailled materials, and assistive listening systems to ensure that the City will be able to communicate effectively with individuals with disabilities and that individuals with disabilities will be able to participate in the range of services and programs offered by the City.
- Provide appropriate training to staff members who will respond to requests for reasonable modifications.



Reasonable Accommodation Policy

In working with a person who has a disability to address a reasonable modification request, the City of Flatwoods shall not:

- Require a person with a disability to fill out a form or provide medical documentation in order to request or receive a reasonable modification, except as provided in subsection below.
- Inquire about the specific diagnosis or medical history of the requestor's disability. Most requests for reasonable modification to policies, practices, and procedures to services shall be granted readily unless the City can demonstrate that doing so would constitute a fundamental alteration to the nature of its program or service or an undue financial and/or administrative burden.
 - Medical or written documentation shall be required only in cases where the reasonable modification request appears unusual given the circumstances, exceeds the level of excellent customer service expected of staff, or no apparent nexus exists between the disability and the requested modification.

A request for accommodation must include:

- Name and contact information of person who needs the accommodation;
- Name of the program, service, activity, or location of the request;
- Description of the modification being requested.

If additional information is needed, the City may request only that information necessary to confirm the need for the modification. Accommodations may be requested by contacting the City's civil rights coordinator, Buford Hurley II, Mayor at (606) 836-39661, bhurley@flatwoodsky.gov, or in person at 2513 Reed Street, Flatwoods, KY 41139.



Title VI/ADA Complaint Procedures

The City of Flatwoods is committed to a policy of ensuring that no person is excluded from participating in, denied the benefits of, or subjected to discrimination under any program, activity, or service it provides. If you believe you have been subjected to discrimination due to your race, color, national origin, sex/gender, disability, age, and/or religion, or if you have a complaint about accessibility of our services, you can file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we may fully investigate the incident.

How do you file a complaint?

A complaint form may be requested by contacting:

- Email: bhurley@flatwoodsky.gov
- Phone: (606) 836-9661
- Mail: Buford Hurley II, Mayor, 2513 Reed Street, Flatwoods, KY 41139
- In Person: Flatwoods Municipal Building, 2513 Reed Street, Flatwoods, KY 41139

You may file a signed, dated, and written complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address, and phone number;
- How, why, and when you believe you were discriminated against. Include as much specific, detailed information as possible about the alleged acts of discrimination and any other relevant information.
- The names of any persons, if known, whom the City could contact for clarity of your allegations.

Please submit your complaint form to:

Buford Hurley II, Mayor, 2513 Reed Street, Flatwoods, KY 41139.



Title VI/ADA Complaint Procedures

Do you need assistance filing a complaint?

If you are unable to complete a written complaint due to a disability, or if the information is needed in another language, we can assist you. Please contact (606) 836-9661 or bhurley@flatwoodsky.gov.

How will your complaint be handled?

The City of Flatwoods investigates complaints received no more than 180 days after the alleged incident. The City will process complaints that are complete. Once a completed complaint is received, the City will review it to determine if it has jurisdiction. The complainant will receive a letter acknowledging receipt of the complaint and whether the City has jurisdiction to investigate the complaint.

The City will generally complete an investigation within 90 days of the receipt of the complaint. If more information is needed to resolve the case, the City may contact you. Unless a longer period is specified by the City, you will have ten (10) days from the date of the request to send the requested information. If the requested information is not received, the City may administratively close the case. A case may also be administratively closed if you no longer wish to pursue it.

After the investigation is complete. The City will send you a letter summarizing the results of the investigation, stating the findings, and advising you of any corrective action to be taken as a result of the investigation. If you disagree with the City's determination, you may request reconsideration by submitting a request in writing to the Corporation Counsel within seven (7) days after the date of the letter stating the specific basis of the reconsideration. The Corporation Counsel will notify you of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, the Corporation Counsel will issue a determination letter to the complainant upon the completion of the reconsideration review.



Title VI/ADA Complaint Procedures

Do I have other options for filing a complaint?

We encourage you to file a complaint with us. However, you may file a complaint with:

Mail	U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties Compliance Branch, Mail Stop #0190 2707 Martin Luther King, Jr. Avenue, SE Washington, D.C. 20528	U.S. Environmental Protection Agency Office of External Civil Rights Compliance Mail Code 2310A 1200 Pennsylvania Avenue, NW Washington, D.C. 20460
Email	CRCLCompliance@hq.dhs.gov	Title VI Complaints@epa.gov
Website	www.dhs.gov/crcl	www.epa.gov/external-civil-rights
Phone	(202) 401-1474	(202) 564-3316
Fax	(202) 401-4708	(202) 565-0196

How do I obtain more information?

If you need additional information on the City of Flatwoods nondiscrimination obligations or complaint procedures, please contact Buford Hurley II, Mayor, at (606) 836-9661.



Title VI/ADA Complaint Form

If you believe that you have been subjected to discrimination due to your race, color, national origin, sex/gender, disability, age, and/or religion, or if you have a complaint about the accessibility of the City of Flatwoods services, you can use this form to file a complaint. Please provide all facts and circumstances surrounding your issue or complaint so we may fully investigate the incident.

Please mail or return this form to:

City of Flatwoods: Buford Hurley II, Mayor
 2513 Reed Street
 Flatwoods, Kentucky 41139

1. Complainant's Name:		
Address:		
City:	State:	Zip Code:
Daytime Telephone:		
Email Address:		
Do you prefer to be contacted via email?		

2. Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Name of person filing complaint (if different from above):		
Address:		
City:	State:	Zip Code:
Daytime Telephone:		
Email Address:		
Do you prefer to be contacted via email?		



Title VI/ADA Complaint Form

4. What is your relationship to the person for whom you are filing the complaint?

5. Do you have permission from the aggravated party to file a complaint on their behalf?	
<input type="checkbox"/> Yes, I have permission	<input type="checkbox"/> No, I do not have permission.

6. I believe that the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex/Gender
<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Other:			

7. Date of the alleged discrimination (Month, Day, and Year):	
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8. Where did the alleged discrimination take place?



Title VI/ADA Complaint Form

9. Describe as clearly as possible what happened and why you believe that you were discriminated against. Describe the person(s) involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or additional pages if necessary.*

10. Please list any and all witnesses' names and phone numbers/contact information. *Use the back of this form or additional pages if necessary.*



Title VI/ADA Complaint Form

11. What type of corrective action would you like to see taken?

12. Have you filed a complaint with any other Federal, state, or local agency or court?	
<input type="checkbox"/> Federal Agency (list agency's name)	<input type="checkbox"/> State Court
<input type="checkbox"/> Federal Court (provide location)	<input type="checkbox"/> Local agency (specify agency)
<input type="checkbox"/> State Agency (specify agency)	<input type="checkbox"/> County Court (specify court and county)

13. Please provide contact information for the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		
City:	State:	Zip Code:

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

Signature and date signed are required:

Signature: _____ Date: _____

If you completed Questions 3, 4, and 5, your signature and date signed are also required.

Signature: _____ Date: _____