

**ORDINANCE 13-07**

**AN ORDINANCE REPLACING THE  
EXISTING COMPLIANCE MANUAL REGARDING  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.**

**WHEREAS**, the Board of Mayor and Alderman of the City of Spring Hill desires to comply with all state and federal regulations; and

**WHEREAS**, the State of Tennessee requires municipalities to be in compliance with Title VI policy in order to receive federal monies that are directed through the State; and

**WHEREAS**, the Board of Mayor and Alderman of the City of Spring Hill desires to reinforce its practice of Title VI compliance with a policy manual; and

**WHEREAS**, this policy manual must be periodically updated to reflect changes in law and policy requirement, and now therefore

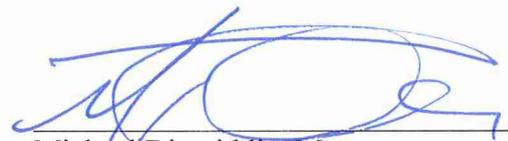
**BE IT ORDAINED BY THE BOARD OF MAYOR AND ALDERMAN OF THE CITY OF SPRING HILL AS FOLLOWS:**

**Section 1.** The attached Title VI Compliance Manual for the City of Spring Hill shall be adopted, in its entirety by reference.

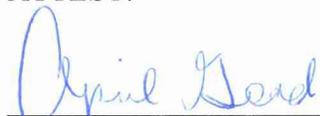
**Section 2.** The following statement shall be deemed as the City of Spring Hill's Title VI policy statement: "It is the policy of the City of Spring Hill to ensure that no citizen shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

**Section 3.** This ordinance shall take effect from and after its passage, the welfare of the city demanding it.

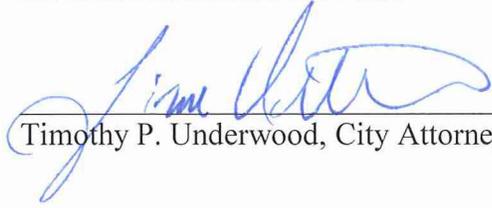
Passed and adopted this 18<sup>th</sup> day of March, 2013.

  
Michael Dinwiddie, Mayor

ATTEST:

  
\_\_\_\_\_  
April Goad, City Recorder

LEGAL FORM APPROVED:

  
\_\_\_\_\_  
Timothy P. Underwood, City Attorney

Passed 1<sup>st</sup> reading February 19, 2013

Passed 2<sup>nd</sup> reading March 18, 2013

# City of Spring Hill Title VI Compliance Manual

## **I. Policy Statement:**

It is the policy of the City of Spring Hill to ensure that no citizen shall, on the grounds 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.

## **II. Applicability:**

This policy applies to the administration of all programs, projects, facilities, benefits, or services that receive assistance from the federal government.

## **III. Title VI Coordinator**

The Human Resources Director, Shelley Taylor, or her designee (April Goad, City Recorder and/or Melissa Beard, Payroll Clerk) is the official responsible for maintaining records and submitting reports to the state agency from which the federal assistance is transferred.

## **IV. Record Keeping**

Shelley Taylor or her designee, as established in Section III above, is charged with maintaining permanent records and submitting required Title VI reports. These records shall include, but are not limited to, the Non-Elected Boards or Commissions form, as found in Appendix A, any written complaints, all correspondence to complainants found in Appendix E, and the annual self-survey for the Military Department.

In the event of any formal or informal allegation of Civil Rights discrimination, including those related to employment, Shelley Taylor shall immediately notify the Office of Criminal Justice Programs in writing by completing the Civil Rights Complaint Notification form (See Appendix F) within 45 days.

## **V. Title VI Information Dissemination**

- A. Title VI information posters, including the name of the local coordinator shall be prominently and publicly displayed.
- B. Title VI information shall be disseminated to city employees at least once per year by including the Employee Education form, as found in Appendix B, in payroll envelopes. This form not only reminds employees of the city's policy statement, but also reminds employees of their Title VI responsibilities in their daily work and duties.
- C. New employees shall receive the New Employee Orientation on Title VI form, as found in Appendix C, informing them of the city's position on Title VI, and the city's expectations of them in performing their duties in regard to Title VI.
- D. Title VI information shall be disseminated to citizens at least once per year by printing the city's Title VI policy statement on or including it in utility customers' billing statements.
- E. Whenever possible, the City of Spring Hill will take positive and specific actions to advise minorities of program availability by using such means of communication as newspaper articles, radio and television announcements, city

newsletters; and by distributing letters, leaflets, brochures and bulletins to referral sources and relevant service area minority organizations.

#### **VI. Subcontracts and Vendors**

All subcontractors and vendors (tertiary recipients) who receive payments from the City of Spring Hill (secondary recipient) shall be required to submit to the City of Spring Hill Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 form, as found in Appendix D, before any federally-assisted payment(s) will be made.

All written contracts shall contain the following non-discrimination statement that complies with Title VI:

It is the policy of the City of Spring Hill to provide equal employment opportunities and to provide its programs, activities, and services to all individuals regardless of race, color, religion, sex, national origin, age, disability, or status in any other group protected by law. Inquiries and charges of violation of this policy should be directed to the Director of Human Resources, Shelley Taylor at (931) 486-2252 or at P.O. Box 789, Spring Hill TN 37174. Requests for accommodation of a disability should be directed to the Director of Human Resources at the above listed phone number or address.

With any finding of discrimination on the basis of race, color, religion, national origin, sex, age, or disability against a subrecipient agency, a copy of the finding shall be sent to OCJP within 45 days.

#### **VII. Public Interaction**

- A. All city-owned equipment or physical facilities (i.e. restrooms, waiting rooms, recreational areas, etc.) shall be provided to citizens without regard to race, color, or national origin.
- B. Staff shall use courtesy titles (i.e. Mr., Mrs., Ms., or Miss) to address citizens without regard to race, color or national origin.

#### **VIII. Complaints and Investigations**

- A. The City of Spring Hill treats Title VI violation complaints very seriously. Appendix E provides sample forms for all correspondences regarding complaints filed against the city.
- B. All complaints, written or verbal, shall be accepted. In the event a complainant sets forth the allegations verbally and refuses to reduce such allegations to writing, the person to whom the complaint is made should reduce the elements of the complaint to writing. All complaints shall include the following information:
  - a. Name, address, and telephone number of the complainant.
  - b. The location and name of the entity delivering the service.
  - c. The nature of the incident that led to the complainant to feel discrimination was a factor.
  - d. The basis of the complaint, i.e. race, color or national origin.
  - e. Names, addresses and phone numbers of people who may have knowledge of the event.
  - f. The date or dates on which the alleged discriminatory event or events occurred.
- C. The Discrimination Complaint Form, as found in Appendix E, may be used to gather this information, but its use is not required to make a complaint.
- D. All complaints shall be responded to, recorded, investigated, and maintained on file by the Title VI Coordinator, or his/her designee.
- E. All complaints shall be handled within 90 days of their receipt.

**Appendix A**  
**Non-Elected Boards or Commissions**

	(a) # of Members	(b) # of White Members	(c) # of Non- White Members	(d) Appointed By:	(e) Term of Office	(f) Est. Minority Population in service area	(g) ✓ if (f) > 5%
Beer Board	8	7	1	n/a	4yrs	14.4%	✓
Budget & Finance Advisory Cmte	3	3	0	Mayor	4 yrs	14.4%	✓
Planning Commission	5	4	1	Mayor	4 yrs	14.4%	✓
Zoning Appeals Board	5	5	0	Mayor	4 yrs	14.4%	✓
Historic Commission	5	5	0	Mayor	4 yrs	14.4%	✓
Parks & Recreation Advisory Committee	7	6	1	Mayor	4 yrs	14.4%	✓
Stormwater Advisory Committee	3	3	0	Mayor	4 yrs	14.4%	✓
Transportation Advisory Committee	3	3	0	Mayor	4 yrs	14.4%	✓
Website Steering Committee	24	21	3	Mayor	4 yrs	14.4%	✓

If there are no minorities listed in column (c) and there is a minority population of 5% or greater within the Board's/Commission's geographic service area (column (g) is checked), then the city shall take steps to obtain minority representation on each Board or Commission including, but not limited to, publicly advertising all Board/Commission vacancies, conducting outreach to minority groups to identify interested persons, and/or creating a Board/Commission member application process.

## **Appendix B**

### **Employee Education**

#### **Title VI Policy**

It is the policy of the City of Spring Hill to ensure that no citizen shall, on the grounds 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.

All employees of the City of Spring Hill are expected to consider, respect and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the Director of Human Resources, Spring Hill's Title VI Coordinator, at City Hall.

# Appendix C

## New Employee Orientation on Title VI

### **Title VI Policy**

It is the policy of the City of Spring Hill to ensure that no citizen shall, on the grounds 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.

All employees of the City of Spring Hill are expected to consider, respect and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the Director of Human Resources, Centerville's Title VI Coordinator, at City Hall.

## Appendix D

### Assurance of Compliance Under Title VI of the Civil Rights Act of 1964

\_\_\_\_\_  
Name of Applicant (hereby referred to as "The Applicant")

Hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the U.S. Department of Justice (28 CFR Parts 42 & 50) and the City of Spring Hill, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, 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 otherwise subject to discrimination under any program or activity for which the Applicant received Federal financial assistance from the City and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Applicant by the City.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI, and permit authorized City personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the City shall have the right to seek administrative and/or judicial enforcement of this assurance.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which this assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Applicant)

Address \_\_\_\_\_  
\_\_\_\_\_

By \_\_\_\_\_  
(Title of Authorized Official)

No further monies or other benefits may be paid out under these programs unless this Assurance is completed and filed as required by existing regulations.

## Appendix E Discrimination Complaint Form

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

1. Complainant's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone Number – home (\_\_\_\_) \_\_\_\_\_

business (\_\_\_\_) \_\_\_\_\_

2. Person discriminated against (if someone other than the complainant)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

3. What is the name and location of the institution or agency that you believe discriminated against you?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

**Appendix E - continued**  
**Discrimination Complaint Form - continued**

4. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- a. Race (specify) \_\_\_\_\_
- b. Color (specify) \_\_\_\_\_
- c. National Origin (specify) \_\_\_\_\_

5. What date did the alleged discrimination take place? \_\_\_\_\_

6. In your own words, describe the alleged discrimination. Explain what happened, and whom you believe was responsible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you tried to resolve this complaint through the internal grievance procedures at the institution or agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the status of the grievance? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of the person who is handling the grievance procedure.

Name \_\_\_\_\_

Title \_\_\_\_\_

**Appendix E - continued**  
**Discrimination Complaint Form - continued**

8. 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 \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

9. Do you intend to file this complaint with another agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and where do you plan to file the complaint?

Date \_\_\_\_\_

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**Appendix E - continued**  
**Discrimination Complaint Form - continued**

10. Has the complaint been filed with this agency before?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, when? Date \_\_\_\_\_

11. Have you filed any other complaints with this agency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, when and against whom were they filed?

Date \_\_\_\_\_

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

12. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

## Appendix E - continued

### Letter Acknowledging Receipt of Complaint

Today's Date

Ms. Joanne Doe  
1234 Main St.  
Centerville, Tennessee 37033

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against the City of Spring Hill alleging denial of participation of minorities in the \_\_\_\_\_ program

An investigator will be assigned to investigate your complaint. In the interim, if you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning 931/729-4246, or writing to me at the above address.

A member of my staff will contact you soon.

Sincerely,

Shelley Taylor  
Director of Human Resources

**Appendix E – continued**  
**Second Letter to Complainant**

Today's Date

Ms. Joanne Doe  
1234 Main St.  
Centerville, Tennessee 37033

Dear Ms. Doe:

Your complaint of \_\_\_\_\_ (date) alleging denial of participation of minorities in the \_\_\_\_\_ program of the City of Spring Hill has been directed to this office.

Your complaint has been reviewed. In preparation for a possible investigation, we would like to discuss the matters stated in your letter with you by telephone. Please send a telephone number and state a time between the hours of 8:00 a.m. and 4:30 p.m. when it would be convenient for a member of my staff to call you.

Sincerely,

Shelley Taylor  
Director of Human Resources

## Appendix E – continued

### Investigator's Worksheet

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

For Complaint Investigation \_\_\_\_\_

#### A. The Complainant(s)

Name \_\_\_\_\_

Telephone Number(s)

Address \_\_\_\_\_

\_\_\_\_\_ home

\_\_\_\_\_

\_\_\_\_\_ work

\_\_\_\_\_

\_\_\_\_\_ other

Date complaint received \_\_\_\_\_

Hours complainant says convenient  
to call:

\_\_\_\_\_ a.m.

\_\_\_\_\_ p.m.

Complainant alleges discrimination based on:

\_\_\_\_\_ race

\_\_\_\_\_ color

\_\_\_\_\_ national origin

\_\_\_\_\_ sex\*

\* applicable for section 109, HCDA 1974 only

For compliance review \_\_\_\_\_

B. Date when compliance review was scheduled \_\_\_\_\_

Reason why compliance review is scheduled \_\_\_\_\_

Office requesting a compliance review \_\_\_\_\_

Date of last compliance review or complaint investigation \_\_\_\_\_

## Appendix E - continued

### Letter Notifying Complainant of an Investigation

Today's Date

Ms. Joanne Doe  
1234 Main St.  
Centerville, Tennessee 37033

Dear Ms. Doe:

The matter referenced in your letter of \_\_\_\_\_ (date) against the City of Spring Hill alleging denial of participation of minorities in the \_\_\_\_\_ program will be investigated by staff from this office.

The investigation has been scheduled for the week of \_\_\_\_\_ (date). Mr./Ms. \_\_\_\_\_ has been assigned to investigate the matter. He/She will contact you to establish a convenient time for you to discuss your complaint with him/her.

We appreciate your help in this important matter.

Sincerely,

Shelley Taylor  
Director of Human Resources

## Appendix E - continued

### Letter Notifying Complainant of Title VI Compliance Status of Respondent

Today's Date

Ms. Joanne Doe  
1234 Main St.  
Centerville, Tennessee 37033

Dear Ms. Doe:

The matter referenced in your letter of \_\_\_\_\_ (date) against the City of Spring Hill alleging denial of participation of minorities in the \_\_\_\_\_ program has been investigated by staff from this office.

My staff found several apparent violations of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. *(If a hearing is requested, the following sentence may be appropriate.)* You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Shelley Taylor  
Director of Human Resources

## Appendix E - continued

### Letter Notifying Complainant that the Complaint Is Not Substantiated

Today's Date

Ms. Joanne Doe  
1234 Main St.  
Centerville, Tennessee 37033

Dear Ms. Doe:

The matter referenced in your letter of \_\_\_\_\_ (date) against the City of Spring Hill alleging denial of participation of minorities in the \_\_\_\_\_ program has been investigated by staff from this office.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

My staff has analyzed the materials and facts during the course of their investigation of your complaint for evidence of a failure to comply with any of the civil rights laws administered by this office. We did not find evidence that any of these laws have been violated.

We must therefore advise you that your complaint has not been substantiated, and that we are closing this matter in our files.

Thank you for taking the time to write to this office. If we can be of assistance to you in the future, do not hesitate to call us.

Sincerely,

Shelley Taylor  
Director of Human Resources

**Appendix F**  
**CIVIL RIGHTS COMPLAINT NOTIFICATION**

Use this form to notify the Office of Criminal Justice Programs of any formal or informal complaint of discrimination against the subrecipient agency related to employment or provision of services. This form should be submitted within 45 days of a complaint against the agency.

**Mail to: OFFICE OF CRIMINAL JUSTICE PROGRAMS**

Title VI Coordinator  
312 Rosa L. Parks Ave. 12<sup>th</sup> Floor  
Nashville, TN 37243-1102

Or: Fax: 615-532-2989

Email: Lee.Ann.Smith@tn.gov

**AGENCY INFORMATION**

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF AUTHORIZING OFFICIAL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF PROJECT DIRECTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**PERSON MAKING THE COMPLAINT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**OTHERS INVOLVED** (PLEASE ADD SPACE AS NEEDED TO INCLUDE ALL INVOLVED)

I. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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**DESCRIPTION OF THE COMPLAINT:** (Include the response of the agency.) Use additional pages as needed.

