Tunica County, MS Notice of Non-Discrimination Policy

A. Statement

The Tunica County, MS does not discriminate on the basis of race, color, national origin, disability, age, or sex in administration of its programs or activities, and does not intimidate or retaliate against any individual or group because they have exercised their rights to participate in actions protected, or oppose action prohibited, by 40 C.F.R. Parts 5 and 7, or for the purpose of interfering with such rights. Tunica County, MS allows any individual or individuals who believe he or she has been discriminated against on the basis of age, disability, race, color, sex or national origin file a formal complaint. A formal, signed, written Title VI complaint form must be filed within 180 days of the date of the alleged act of discrimination. If you have any questions about this notice or any of the non-discrimination compliant submission, programs, policies, procedures, you may contact the non-discrimination coordinator:

Dr. Billy Willis
County Administrator
Tunica County, Mississippi
1058 South Court Street
P.O. Box 639
Tunica, MS 38676
TELE: (662) 363-1465
EMAIL: billy.willis@tunicagov.com

Dr. Billy Willis is responsible for coordination of compliance efforts and receipt of inquiries concerning non-discrimination requirements implemented by 40 C.F.R. Parts 5 and 7 (Non-discrimination in Programs or Activities Receiving Federal Assistance from the Environmental Protection Agency), including Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; and Section 13 of the Federal Water Pollution Control Act Amendments of 1972 (hereinafter referred to collectively as the federal non-discrimination laws).

B. Complaint Filing Procedures

1. Complaints may be submitted in writing to the department head, applicant or contractor prior to the complainant submitting a formal complaint to the County Administration. Complaints made by or on behalf of the complainant(s) should be signed by the complainant(s).

2. Written complaints concerning projects or services submitted to the County may be submitted through the County Administrator's Office. Complainants are to be made aware by staff that copies of the written complaint may be filed with the County Administrator and/or Civil Rights Office.

3. In those situations where the complainant is unable to provide a written complaint, a verbal complaint made to the Tunica County Administrator, shall be accepted and shall be considered sufficient to justify staff review of the complaint.

4. Prior to any formal compliance review or investigation by staff, the complaint must be put in a written format that identifies specific allegations. The written allegation statement should be signed by the complainant. The Tunica County Administrator may provide technical assistance in explaining the discrimination complaint procedures.

5. All written complaints of discrimination will be referred as a matter of routine procedure to the Department's legal counsel.

6. Within fifteen (15) working days of receipt of a written complaint, the complainant(s) are provided written acknowledgment, that the complaint has been received. Complainants will also be made aware of their right to file a complaint with the Tunica County Administrator's Office.

7. Staff will be given subsequent steps to be taken in resolving or investigating the complaint by the Tunica County Administrator's Office, legal counsel and the Human Resources Division.

8. All complaints and subsequent related documents will be added to the files maintained by the Division.

9. All applicants and/or contractors that are the subject of Title VI written complaints shall be notified in writing by the Tunica County Administrator's Office at the time that the complainant receives the acknowledgment referenced in #6 above.

10. Failure of the complainants to cooperate in the filing, investigation and/or resolution of a complaint will be considered cause for Tunic a County to issue a determination that further investigation is not supported by the available information; and shall be considered basis for a finding of probable non-compliance. As such, Tunica County Administrator's Office shall notify the County in writing of the circumstances. A finding of non-compliance resulting from the failure or refusal of the grantee or contractor to cooperate may be sufficient to withhold approval of pending applications, payments or contracts.

11. Within forty-five (45) days of receipt of a written complaint, the complainant(s) will receive a written notice of action taken on all complaints as a status report. Such a notification is to include:

a. Identification of any referrals to Tunica County Administration, legal counsel or other affected parties

b. Status of the County's review or investigation

c. Request(s) for any additional information

Complaint Review Report. A written complaint review report will be prepared by the Department of Human Resources Director for review by the Tunica County Administrator, and Legal Counsel as appropriate. This report will be used as the basis of finding(s)/determination(s) and may be used to report non-compliance findings to interested parties. Moreover, Tunica County Administrator's Office will establish and maintain an internal manual and computerized tracking system for all filed Title VI complaints.

NON-DISCRIMINATION COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Email Address:				
Accessible Format Requirements?	Large Print		Language	
	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:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Age [ ] Color [ ] Disability [ ] National Origin [ ] Race [ ] Sex

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

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 email this form to:

Tunica County Administrator's Office
ATTN: Dr. Billy Willis
1058 South Court Street
P.O. Box 639
Tunica, MS 38676
Email: billy.willis@tunicagov.com