



# County of Fairfax, Virginia

## Complaint Form for Allegations of Discrimination

Fairfax County has two complaint procedures providing for prompt resolution of complaints by individuals alleging discrimination prohibited by Federal, State and local law or policy in the provision of services, activities, programs, or benefits. This complaint form is to be utilized for filing complaints of discrimination in the provision of County Programs and Services on the basis of age, sex, sexual harassment, race, religion, creed, national origin, marital status, color, political affiliation or veteran's status.

An individual wishing to file a complaint based on disability will need to use the complaint form identified in the Fairfax County Government Complaint Procedure under the Americans with Disabilities Act. You may obtain a copy of the complaint [form online](#) or by contacting staff at the Office of Human Rights and Equity Programs. To contact the Fairfax County Office of Human Rights and Equity Programs call 703-324-2953, TTY 711 on [any Fairfax County workday between the hours of 8:00 a.m. and 4:30 p.m.](#), or email [EPDEmailComplaints@FairfaxCounty.gov](mailto:EPDEmailComplaints@FairfaxCounty.gov).

**INSTRUCTIONS:** A complaint should be filed in writing, contain the name, and address, telephone number(s), and if possible, email address of the person filing it (i.e., the complainant), and a brief description of the alleged violation, including when and where it occurred.

A complaint should be filed as soon as possible but no later than 60 business days (*180 calendar days for transit related complaints; a person may also file a transit related complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue, SE, Washington DC 20590*) after the complainant becomes aware of the alleged violation. Complaints may be forwarded to the Agency administering the subject Program or Service for a direct response or to the Office of Human Rights and Equity Programs Division for review.

Upon receipt of the complaint, the Agency EEO Representative or the Office of Human Rights and Equity Programs Division Director, Equity Programs Division Manager, or designee will provide the complainant with a copy of this complaint procedure in a language (e.g., English; Spanish) and format accessible (e.g., large print; Braille; audio tape) to the complainant:

- (a) If the complaint is initially received in the Agency, the Agency will respond directly to the citizen and send a copy of the complaint to the Office of Human Rights and Equity Programs Division Director, Equity Programs Division Manager, or designee.

- (b) If the complaint is received in the Office of Human Rights and Equity Programs, the Director, Equity Programs Division Manager, or designee, will refer the complaint to the Agency providing the services, activities, programs, or benefits which are the subject of the complaint for a direct response.

The Agency EEO Representative will contact and/or meet with the complainant within 15 business days of the complaint's referral to discuss the complaint, and subsequently conduct whatever additional investigation of the complaint he or she determines to be necessary.

The Agency EEO Representative will respond to the complaint in writing, or where appropriate, in a format accessible to the complainant (e.g., large print; Braille; audio tape), within 20 business days of meeting with the complainant. This response will explain the County's position and offer options to resolve the complaint, when appropriate. The Agency EEO Representative will send a copy of the response to the Office of Human Rights and Equity Programs.

If the complainant objects to the Agency EEO Representative's response, then he or she may file a formal complaint with the Office of Human Rights and Equity Programs within 15 business days after receiving the response. The Agency EEO Representative's response becomes the County's final determination respecting the complaint if the complainant does not file a formal complaint with the Office of Human Rights and Equity Programs.

Within 15 business days of receiving a the complaint, the Director, Equity Programs Division Manager, or designee, will contact and/or meet with the complainant to discuss the complainant's objections to the Agency EEO Representative's response. The Director, Equity Programs Division Manager, or designee, also will conduct any additional investigation, along with a written report, that he or she determines to be necessary.

After the completion of the investigation, the Office of Human Rights and Equity Programs Division Director, Equity Programs Division Manager, or designee, will communicate the findings of its investigation in writing, or where appropriate, in a format accessible to the complainant. A copy of the written report shall be forwarded to the Agency EEO Representative who initially responded to the complaint. The Office of Human Rights and Equity Programs will retain all documents relating to a complaint for three years after the date of the County's final determination respecting the complaint.

Use of this complaint resolution procedure is not a prerequisite to the pursuit of other legal remedies. A complainant therefore has the right to file a complaint with the appropriate federal or state agency at any time throughout this process, or if the County's final determination is not to his or her satisfaction.

To obtain these complaint procedures in an alternative format, call the Fairfax County Office of Human Rights and Equity Programs at 703-324-2953, TTY 711 on any Fairfax County workday between the hours of 8:00 a.m. and 4:30 p.m., or email [EPDEmailComplaints@FairfaxCounty.gov](mailto:EPDEmailComplaints@FairfaxCounty.gov).

| PERSON FILING COMPLAINT |  |                |  |      |
|-------------------------|--|----------------|--|------|
| Last Name               |  | First          |  | M.I. |
| Address                 |  |                |  |      |
| City                    |  | State          |  | ZIP  |
| Phone                   |  | E-mail Address |  |      |

| PERSON AND DEPARTMENT ALLEGED TO HAVE DISCRIMINATED |  |                |  |      |
|-----------------------------------------------------|--|----------------|--|------|
| Last Name                                           |  | First          |  | M.I. |
| Department                                          |  |                |  |      |
| Address                                             |  |                |  |      |
| City                                                |  | State          |  | ZIP  |
| Phone                                               |  | E-mail Address |  |      |

| BASIS(ES) OF DISCRIMINATION (select all that apply) |       |
|-----------------------------------------------------|-------|
| Age - Date of Birth                                 | _____ |
| Color                                               | _____ |
| Creed                                               | _____ |
| Genetic Information                                 |       |
| Marital Status                                      |       |
| National Origin                                     |       |
| Political Affiliation                               |       |
| Race                                                | _____ |
| Religion                                            | _____ |
| Retaliation                                         |       |
| Sex or Gender                                       |       |
| Sexual Harassment                                   |       |
| Union Affiliation                                   |       |
| Veteran's Status                                    |       |
| Other                                               | _____ |

**SUMMARY OF COMPLAINT**

**ACTION REQUESTED**

**I affirm that I have read the above complaint and that it is true to the best of my knowledge, information or belief.**

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**



This form will be made available in an alternative format upon request. Direct your request to the Equity Programs Division of the Office of Human Rights and Equity Programs, 12000 Government Center Parkway, Suite 318, Fairfax, VA 22035; 703-324-2953, TTY 711 or 703-324-3305 (Fax).