

ECONOMIC DEVELOPMENT AUTHORITY

of the City of Norfolk

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Title VI and ADA Discrimination Complaint Procedures

Introduction

The Economic Development Authority of the City of Norfolk, “EDA”, has established this ‘Complaint of Discrimination’ Procedure as a mechanism for the review and resolution of allegations of discrimination. **These procedures apply to complaints filed under Title VI of the Civil Rights Act of 1964 and The Americans with Disabilities Act (ADA)** which prohibit discrimination based on race, color, national origin, and disability in any program or activity administered by the EDA or its sub-recipients, consultants and/or contractors. Retaliation or intimidation of any kind is also prohibited by law.

These procedures do not negate or limit the right of the complainant to file formal complaints with other state or federal agencies. These procedures are part of an administrative process that does not provide for remedies such as compensatory damages for the complainant.

Robert Sharak serves as a resource for members of the public who wish to file a discrimination complaint under Title VI, ADA, and related statutes. Robert Sharak is located in 999 Waterside Drive, Suite 2430, Norfolk, Virginia 23510. Robert Sharak is responsible for conducting counseling and investigations of alleged incidences of discrimination. The complainant, the individual making a complaint, is advised of his/her rights under State and Federal laws and is given a copy of this procedure.

Complaint Basis

Allegations must be based on issues involving race, color, national origin, or disability. The term basis refers to the complainant’s protected group status. A Protected Group is a group of people with common characteristics who are legally protected from discrimination based on that or those characteristic(s).

Protected Group categories and definitions relevant to this procedure:

- **Race:** The perception based on physical characteristics – Ex. Black, White, Native American/Indian
- **Color:** Skin tone– Ex. Black, White, Dark, Light Brown, Etc.
- **National Origin:** Language, culture ancestry, or social characteristics – Ex. Cuban, Vietnamese, Mexican
- **Disability:** Impairment that limits life activities – Ex. Visual Impairment, Wheelchair use, Etc.

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Complaint Process

Any individual or group of individuals who believe that he/she or they have been subjected to discrimination prohibited by Title VI and ADA nondiscrimination procedures based on race, color or national origin (including Limited English Proficiency) or disability may file a written complaint to **businessattraction@norfolk.gov**. A formal complaint must be filed within 180 calendar days of the alleged occurrence or when the alleged discrimination became known to the complainant.

The complaint must meet the following requirements in that it must:

- Be made in writing or submitted electronically to **Robert Sharak**, Assistant Executive Director of the EDA.
- Be submitted on the 'Title VI and ADA Discrimination Complaint Form' and signed by the complainant(s);
- Include the full name and address(es) of the complainant(s);
- Include the date(s) of the alleged act(s) of discrimination;
- Include the full name(s), job title(s), and work address(es) of the accused party(ies), if known;
- Include a detailed description of the alleged act(s) of discrimination (specify all issues and circumstances of the alleged discrimination);
- Identify the basis of the complaint (i.e. race, color, national origin, LEP, disability); and
- Include the name(s), address(es), and telephone number(s) of any person who may have knowledge of the alleged incident.

For complaints to be accepted, they must be filed within 180 days of the alleged act of discrimination; meet the above procedures for filing; and allegations must be based on issues pertaining to race, color or national origin (including limited English Proficiency).

A complaint may be dismissed if the complainant requests the withdrawal of the complaint; the complainant does not respond to requests for information on or before the date indicated in the request; or the complaint is not timely filed.

In cases where a complainant cannot provide a written complaint, assistance will be provided by Robert Sharak. However, all complaints must be signed by the complainant or its legal designee. A signature provided by a legal designee must be accompanied by written permission from the complainant.

Complaint Investigation

Following the receipt and review of the complaint the EDA or a designee will issue a letter acknowledging receipt of the complaint.

1. The accused party(ies) will be notified that a complaint has been filed against him/her/them within three (3) business days of accepting the complaint. When applicable, the accused party(ies) is/are advised of his/her/their right to representation by the union or any other appropriate representative of his/her/their choice.

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2. Barring extenuating circumstances outside of the investigators control, the investigator will conduct a fact-finding investigation and provide a resolution, if one is possible, within ninety (90) business days of receipt of the complaint and notify all involved parties in writing whether there was a violation of Title VI. This will include notification to the complainant of his/her/their right to appeal the results to the Assistant Executive Director of the EDA.
3. All investigation findings will be reported to the Assistant Executive Director of the EDA or his/her/their designee.
4. Should the complainant elect to appeal the decision, he/she/they must do so in writing to the Assistant Executive Director of the EDA within ten (10) business days after receipt of the complaint resolution proposed by the Assistant Executive Director of the EDA or investigator designee. Failure to appeal within this period shall be interpreted as acceptance of this resolution.
5. The Assistant Executive Director of the EDA or his/her/their designee will review the case to determine what, if any additional information is needed. If additional information is required from the appellant, he/she will be provided reasonable advance notice of a meeting and will be advised of his/her/their right to present relevant information at that time.
6. The Assistant Executive Director of the EDA or his/her/their designee will render a written decision regarding the appeal, no later than thirty (30) business days from the date of the filing of the appeal which will be sent to the appellant. Should this decision differ from the findings of the investigation, it will also be sent to all parties involved and the Assistant Executive Director of the EDA. **The decision of the Assistant Executive Director of the EDA or his/her/their designee is final.** However, does not preclude the complainant from pursuing other means of resolution under federal and/or state law.
7. All records of complaints and dispositions thereof shall be maintained and regularly reviewed by the Assistant Executive Director of the EDA who will pay particular attention to the detection of any patterns in the nature of the complaints. All such records shall be retained on a strictly confidential basis, except where disclosure is required by law.

TITLE VI & ADA COMPLAINT FORM

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	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): <input type="checkbox"/> Race				
<input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability				
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 or ADA 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> 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 mail this form to:

Economic Development Authority of the City of Norfolk
 ATTN: Robert Sharak, Title VI/ADA Coordinator
 999 Waterside Drive, Suite 2430
 Norfolk, Virginia, 23510
 businessattraction@norfolk.gov

Please visit our website for more information:
[MARAD Port Host Infrastructure Grant \(PIDP\) - Norfolk](#)
[Department of Economic Development](#)