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2011 FEB ...

U.S. Department of Justice
Civil Rights Division
Coordination and Review Section

COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

(b) (6) Privacy

[redacted]

2.* Person(s) discriminated against, if different from above:

Name: People of color East of Austin City Limits
Address: Travis County, eastern Zip 78725
Telephone: Home:(____)_____ Work:(____)_____

Please explain your relationship to this person(s).
I am a citizen of this community. We are lower socio-economic status than other parts of the County

3.* Agency and department or program that discriminated:

Name: Travis County Commissioners Court
Any individual if known: Commissioners Eckhardt, Gomez and Judge Biscoe
Address: 314 W 11th St #520
Austin, TX Zip 78701
Telephone No: (512) 854-9555

OMB No. 1190-0008
Expires: 01/31/2011

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

X Race/Ethnicity: Latino and African-American

X National origin: Mexico - Spanish-speaking - Latin America (?)

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

Any - Thurs or Friday before 3pm is best

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____
Telephone No:(_____)_____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____
_____ Zip _____
Telephone No: (_____)_____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: 2008
Most recent date of discrimination: present

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

_____

_____

_____

_____

10.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

I live in a residential area and we were informed by a postcard in the mail in 2009 of a mining (gravel) project that would be in our neighborhood, within 50 feet of residences, lasting 15-20 years, with 250-750

trucks passing on a (narrow) country 2-lane road. They will be digging into our water table affecting water supply. We asked the Travis County Commissioners Court not to give the company, TXI, the permit to mine, but they passed the permit on January 26, 2010. We have continued to ask them not to allow the mining, but they say they have no land use authority. In another part of the county they halted development, through their authority, to protect an aquifer - in October of 2010. That part of the county is mostly Anglo/Caucasian and affluent. Our part of the county has higher Latino, African-American and Spanish-only speakers.

11. The laws we enforce prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
(b) (6) Privacy		

13. Do you have any other information that you think is relevant to our investigation of your allegations?

There is a population of 3000 to 7000 people who may be affected. There are people living out here who are Spanish-speaking only, and I don't think they have been notified of the mining. I think the County and mining company may also be working with the City of Austin and Texas Department of Transportation on this.

14. What remedy are you seeking for the alleged discrimination?

That they do not allow mining or any other land use/operations that will threaten our health, safety, or water supply

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)?

Yes ____ No X

If so, do you remember the Complaint Number?

Another citizen, (b) (6) Privacy [redacted], may have filed a complaint, but I don't know the # or details

Against what agency and department or program was it filed?

_____

Address: _____

_____ Zip _____

Telephone No: (____)_____
Date of Filing: _____ DOJ Agency:_____

Briefly, what was the complaint about?

_____

_____

What was the result?

_____

_____

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

(I haven't) Not sure — would this help?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

_____

_____

_____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

_____

_____

_____

19.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(b) (6) Privacy [redacted]

1-27-11
(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice
Civil Rights Division
Coordination and Review Section - NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678

20. How did you learn that you could file this complaint?

Texas Rio Grande Legal Aid - they could not represent us, but told me about Title VI

21. If your complaint has already been assigned a DOJ complaint number, please list it here: _____

If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.