

CITIZEN COMPLAINT RESOLUTION

WHEREAS, it is hereby declared that Clay County, Texas establish local written Citizen Complaint Procedures regarding its Texas Community Development Block Grant Programs; and


WHEREAS, it is further declared that establishment of such procedures requires the designation of a person to receive and respond to such complaints; and

WHEREAS, it is the intent of Clay County, Texas to investigate complaints about proposed TxCDBG activities or implementation of past TxCDBG assisted activities.

NOW THEREFORE, BE IT RESOLVED BY THE COUNTY COMMISSION OF CLAY COUNTY, TEXAS;

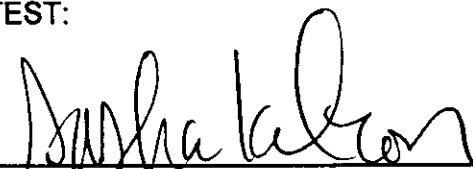
1. That the County adopts the attached citizen complaint handling procedures.
2. That the County Commission designates the County Judge as the Community Development Citizen Coordinator.
3. That the County directs the Community Development Citizen Coordinator to receive and respond to complaints.

PASSED AND APPROVED THIS 12TH DAY OF JANUARY, 2015.

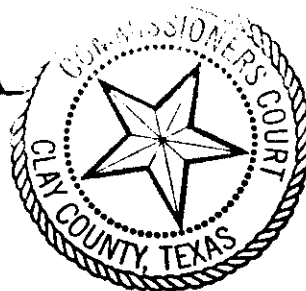


Kenneth Liggett, County Judge

ATTEST:



Sasha Kelton, County Clerk



CLAY COUNTY CITIZEN COMPLAINT FORM

FORM: D25A-D7 / 6-93

INSTRUCTIONS: Read this form and the instructions attached carefully before completing. All questions should be answered. However, if you do not know the answer, or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated and, if possible, notarized. Where more than one individual or organization is filing the same complaint, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form, but the other boxes need not be completed if the information is the same as in the original. Complaints may be (1) mailed to the County Judge 214 N. Main Street Henrietta, Texas 76365, or (2) filed or presented in person at 214 N. Main Street Henrietta, Texas 76365.

FOR CITY USE ONLY

Number _____
 Date _____
 Filing Date _____

DATE OF PRIOR ACTION, IF ANY _____

PRELIMINARY DETERMINATION _____

PLEASE TYPE OR PRINT

Telephone Number _____

1. Name of aggrieved person or organization _____

(Mr. Mrs. Miss) (Last Name - First Name - Middle Initial) Street Address City County State ZIP Code

2. Who is this complaint against?

Name (Last Name - First Name - Middle Initial) Street Address City County State ZIP Code Telephone Number

Is the party named above a: (Check applicable box or boxes)

City Employee Council Member Contractor of the City Other

Name and identify Others (if any) you believe violated the law in this case:

3. What did the person you are complaining against do?

When did act or acts occur? (Be sure to include most recent date, if several dates are involved)

4. Do you believe there was discrimination because of? (Check applicable box and write your race, color, religion, sex or national origin on the line below the box checked)

Race or Color Religion Sex National Origin

5. Please review the following and check the applicable box or boxes if they apply to your case.

The City has described its housing and community development needs in a manner clearly inconsistent with available facts and data; The activities proposed by the City are clearly inappropriate to meet the City's needs and objectives;

The City has not complied with TxCDBG program requirements; The proposed activities are not eligible for TxCDBG grant assistance.

6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details of what happened may be provided on an attachment.

NOTE: The City will furnish copy of complaint to the person or organization against whom complaint is made.

7. I swear or affirm that I have read this complaint (including any attachments) and that it is true to the best of my knowledge, information and belief.

_____ (Date) _____ (Sign your name)

8. Subscribed and sworn to before me this _____ day of _____, 19 _____.

NOTARIZATION:

_____ (Name) _____ (Title)

SEAL

IF IT IS DIFFICULT FOR YOU TO GET A NOTARY PUBLIC TO SIGN THIS, SIGN YOUR OWN NAME AND MAIL IT WITHOUT NOTARIZATION. THE CITY WILL HELP YOU GET YOUR COMPLAINT SWORN TO.

**CLAY COUNTY
CITIZEN COMPLAINT FORM**

ADDITIONAL DETAILS

If you wish to explain in detail in an attachment what happened, you should consider the following:

1. If you feel that others were treated differently from you, please explain the facts and circumstances.
2. If there were witnesses or others who know what happened, give their names, addresses, and telephone numbers.
3. If you have made this complaint to other County staff or government agencies or to the *STATE*, explain when and where and what happened.

You can obtain assistance in filing a complaint at the offices listed below:

1. **Complain to the Texas Department of Housing and Community Affairs** under their Complaint System, 10 T.A.C. Sec. 178.1 and 178.2.

Texas Department of Agriculture
P.O Box 12847
Austin, Texas 78711
(512) 463-7476 (information)

2. **Complain to the Secretary of HUD** by filing this form by mail or in person.

Department of Housing and Urban Development
801 Cherry Street, Unit #45
Suite 2500
Fort Worth, Texas 76102
(817) 978-5965 (information)

**CITIZEN COMPLAINT PROCEDURE
TEXAS COMMUNITY DEVELOPMENT BLOCK GRANT**

