

# Anti-Discrimination Policy

## Town of Atkinson New Hampshire

Adopted: 25 March 2024

### Description:

This provides a policy and procedure relating to anti-discrimination and includes a complaint form.

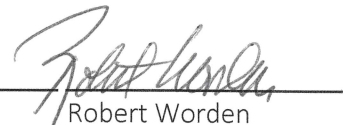
Please note: This Town of Atkinson, New Hampshire Policy will be reviewed on a 3-year cycle and modified if necessary to maintain consistency with RSAs and current business practices. In addition, the policy may change with or without prior notice at any time. However, the Town of Atkinson will make a reasonable effort to seek input prior to any changes.


### Policy Update Log:


Last Update	Action Taken	By Whom
3/25/2024	Adopted	BoS

  
David Paquette, Chair

William M. Baldwin, Vice Chair

  
Robert Worden

  
Gregory S. Spero

  
Wendy Barker



## Town of Atkinson Anti-Discrimination Policy

### Policy

**No person shall, on the ground of any protected classification, including but not limited to race, creed, color, national origin, age, religion, sex, sexual orientation, gender identity, or marital status be excluded from participation in, be denied the benefits of, or be subjected to illegal discrimination under any program or activity, including those funded or provided by the Town, and those receiving Federal/State financial assistance. Illegal discrimination based on disability is also prohibited. Individuals with disabilities may request reasonable accommodation to access services, programs and benefits, and all such requests will be given fair consideration and addressed in accordance with applicable Federal and State law.**

Any person who requires additional information concerning this notice or believes that they have been subjected to discrimination and would like to file a complaint should provide written notice to:

Atkinson Town Administrator

19 Academy Avenue

Atkinson, NH 03811

603-362-1064

[townadmin@atkinson-nh.gov](mailto:townadmin@atkinson-nh.gov)

### Procedure

Complaints may be filed with the Town using the attached Complaint Form.

Complaints must be received within 180 days from the date when the stated discrimination occurred. All complaints are reviewed by, and if required, investigated by the Town Administrator. Upon receipt of the complaint, the filer will be informed that an investigation of the complaint will be conducted, and if appropriate what corrective action will be taken. Following the complaint investigation, the filer will be notified in writing of the results. An appeal of the decision may be made by notifying the office of the Town Administrator in writing within thirty (30) days of the decision.

**Town of Atkinson, NH**

**Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

*Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in the completion of this form, please communicate with us.*

1. Complainants' Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City, State and Zip Code: \_\_\_\_\_
4. Telephone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Business: \_\_\_\_\_

5. Person discriminated against (if someone other than the complainant)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

6. Please describe the reason(s) you believe you were subjected to discrimination, indicating the protected classification that was the target or focus of the discriminatory acts.

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7. What date did the alleged discrimination take place and the location? Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required

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Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date