

DOT # 2012-0157

**Williams, Thalia (FHWA)**

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**From:** Cannon, Rhoda (FHWA)  
**Sent:** Wednesday, April 04, 2012 4:54 PM  
**To:** Williams, Thalia (FHWA)  
**Subject:** FW:  
**Attachments:** Original compalint submittal by INDOT March 2012.pdf

Hi Thalia:

Attached is a complaint from the INDOT for your records.

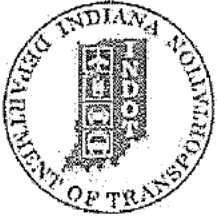
*Rhoda Cannon*  
*DOT/FHWA*  
*Office of Civil Rights*  
*HCR-40, Room E81-115*  
*1200 New Jersey Avenue, SE*  
*Washington, DC 20590*  
*(202) 366-3384*

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**From:** Woodruff, Kenneth (FHWA)  
**Sent:** Wednesday, April 04, 2012 3:07 PM  
**To:** Cannon, Rhoda (FHWA)  
**Cc:** Brown, Darren (FHWA)  
**Subject:**

Rhoda - Attached is another Title VI complaint that was dismissed by INDOT. This complaint was dismissed for two reasons. The program for which the complaint was submitted (Child Support?) is not a program administered by INDOT. Additionally, no harm was identified by the complainant.

This is a separate complaint from the one recently forwarded to your office.



# INDIANA DEPARTMENT OF TRANSPORTATION

*Driving Indiana's Economic Growth*

100 North Senate Avenue  
Room N750  
Indianapolis, Indiana 46204

PHONE: (317) 234-6142  
FAX: (317) 232-0891

Mitchell E. Daniels, Jr., Governor  
Michael B. Cline, Commissioner

March 29, 2012

Robert Tally  
Division Administrator  
U.S. Department of Transportation  
Federal Highway Administration, Indiana Division  
575 N. Pennsylvania St., Room 254  
Indianapolis, IN 46204

Re: Complaint Number: 2012-03-04  
Notice INDOT Title VI Complaint and Final Report

Dear Mr. Tally:

Enclosed please find a copy of the Title VI complaint submitted by (b) (6) (b) (6) (Complainant) on March 29, 2012 and the Indiana Department of Transportation's (INDOT) notice of administrative closure mailed to him on March 29, 2012. INDOT administratively closed this complaint because the complaint does not allege a basis covered by the statutes or regulations for which INDOT is responsible for enforcing. Furthermore, the complainant does not allege any harm with regard to covered programs or INDOT activities.

Should you have any questions or concerns regarding this complaint, please feel free to contact me.

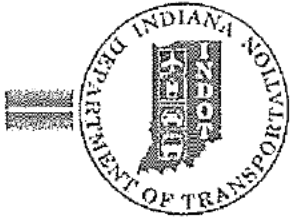
Sincerely,

Latosha N. Higgins  
Title VI/ADA Program Manager  
Economic Opportunity Division

cc: Kenneth Woodruff, Civil Rights Specialist

Enclosures (2)

12 MAR 30 2012



# INDIANA DEPARTMENT OF TRANSPORTATION

*Driving Indiana's Economic Growth*

100 North Senate Avenue  
Room N750  
Indianapolis, Indiana 46204

PHONE: (317) 234-6142  
FAX: (317) 232-0891

Mitchell E. Daniels, Jr., Governor  
Michael B. Cline, Commissioner

March 29, 2012

**(b) (6)**

RE: Complaint Number: 2012-03-04  
**(b) (6)** v. Indiana Department of Child Services

Dear **(b) (6)**:

This letter acknowledges receipt of your complaint of discrimination filed against the Indiana Department of Child Services. After careful review of your complaint, INDOT is closing your complaint for the following reason(s):

\_\_\_\_\_ The complaint is untimely because it was filed more than 180 days after the alleged discriminatory act(s);

The complaint does not allege a basis covered by the statutes or regulations for which INDOT is responsible for enforcing;

The complaint does not allege any harm with regard to covered programs or INDOT activities;

\_\_\_\_\_ The complainant requests withdrawal of the complaint;

\_\_\_\_\_ The complainant failed to respond to repeated requests for additional information needed to process the complaint;

\_\_\_\_\_ The complainant cannot be located after reasonable attempts;

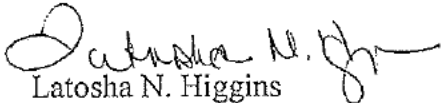
\_\_\_\_\_ The complainant has filed a legal action in Federal District Court alleging the same basis(es) and issue(s) involved in the above-listed complaint;

\_\_\_\_\_ The same allegations have been filed with another Federal, State or local agency.

Therefore, we have closed your case. No further action will be taken in this matter.

If you have any questions, please contact me, Latosha N. Higgins, Title VI/ADA Program Manager at (317) 234-6142. Please reference the complaint number cited above in all future correspondence or contact with this office.

Sincerely,



Latosha N. Higgins  
Title VI/ADA Program Manager  
Economic Opportunity Division

cc: Tiffany Mulligan, INDOT, Director of Economic Opportunity & Prequalifications Division,  
Federal Highway Administration ✓



**EXTERNAL COMPLAINT OF DISCRIMINATION**  
 State Form 54516 (1-11)  
 INDIANA DEPARTMENT OF TRANSPORTATION  
 ECONOMIC OPPORTUNITY DIVISION

Latosha N Higgins, Title VI / ADA Program Manager  
 INDIANA DEPARTMENT OF TRANSPORTATION  
 ECONOMIC OPPORTUNITY DIVISION  
 100 N Senate RM N750  
 Indianapolis, IN 46204  
 Telephone number : (317) 234-6142  
 Fax number : (317) 233-0891  
 E-mail address: LHiggins@indot.in.gov  
 www.in.gov/dot

**INSTRUCTIONS:**

The purpose of this form is to help any person interested in filing a discrimination complaint with the Indiana Department of Transportation (INDOT). If the complaint is against INDOT, INDOT's Title VI/ADA Program Manager will forward it to the appropriate federal agency for investigation.

You are not required to use this form. You may write a letter with the same information, sign it and return it to the address printed above.

All items in bold must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap or income status in connection with programs or activities receiving federal financial assistance from the United States Department of Transportation, Federal Highway Administration and/or Federal Transit Administration. These prohibitions extend to INDOT as a direct recipient of federal financial assistance and to its sub-recipients, consultants, and contractors, whether federally funded or not.

INDOT is also required to implement measures to ensure that persons with limited English proficiency and persons with disabilities have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166 and the Americans with Disabilities Act of 1990, as amended.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats, such as computer disk, audiotape or Braille. For TTY customers, dial 711 to reach the Indiana Relay Service.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to INDOT. Additionally, you have a right to seek private counsel.

INDOT and its sub-recipients, consultants, and contractors are prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address above.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

**\*\*Your complaint cannot be processed without your signature.**

COMPLAINANT INFORMATION		
Name (first, middle, and last) (b) (6)		
Address (number and street, city, state and ZIP code) (b) (6)		
Home telephone number (b) (6)	Work telephone number ( ) -	Cellular telephone number (b) (6)

Name of complainant <b>(b) (6)</b>	Date (month, day, year) 3/22/2012
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**PERSON / AGENCY YOU BELIEVE DISCRIMINATED AGAINST YOU**

Name (first, middle, and last) James W. Payne	Title Director INSCCU - ASFE	
Name of company Indiana Dept. of Child Services		
Address (number and street, city, state and ZIP code) 402 W. Washington St., MS11 Indianapolis, Indiana 46204-2739		
Home telephone number ( ) -	Work telephone number (317) 233 - 5437	Cellular telephone number ( ) -

When was the last alleged discriminatory act? (month, day, year) 2/18/2012

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

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The alleged discrimination was based on:

<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Color	<input type="checkbox"/> Age	<input checked="" type="checkbox"/> Gender	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Religious Affiliation	

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary.)

Federal registry case # IV-D 0001295436 KASES PHI and accounting disclosure statement not accurate or complete. Denial of amending PHI and HIPAA violations. Total non-compliance of the KENTUCKY CHILD SUPPORT HANDBOOK All Federal Laws, USCodes, Fed Regulations, KRS's, KAR's, and Court Ordered with an administrative action establishing child/support obligation are in violation. Not established according to the Kentucky Child Support Guidelines. No CS-71.1 obligation Work sheet not on Record.

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Name of complainant <b>(b) (6)</b>	Date (month, day, year) 3/17/2012
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Provide the names of any individuals with additional information regarding your complaint:

Name of witness 1 (first, middle, and last) Steven Veno	Title Director	
Name of company Dept. of Support Enforcement		
Address (number and street, city, state and ZIP code) 275 East Main Street Frankfort Ky. 40621		
Home telephone number (502) 564-2285	Work telephone number (502) 564-2285	Cellular telephone number ( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.  
requests for PHI and Accounting disclosures.

Name of witness 2 (first, middle, and last) Renec Close	Title Director	
Name of company Cabinet of Finance & Administration (DCBS) Div. of Adm. and Finance		
Address (number and street, city, state and ZIP code) 275 East Main St. 3-WC Frankfort Ky. 40621		
Home telephone number ( ) -	Work telephone number (502) 564-7463	Cellular telephone number ( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.  
requests for an amended PHI accounting disclosure statement

Name of witness 3 (first, middle, and last) Christina Heavrin	Title Responsible Official	
Name of company Office of the General Counsel		
Address (number and street, city, state and ZIP code) 275 East Main Street SW-B Frankfort Ky 40621		
Home telephone number ( ) -	Work telephone number (502) 564-7905	Cellular telephone number ( ) -

Include a brief description of the relevant information the witness may provide to support your complaint of discrimination.  
made complaints about HIPAA Violations

How would you like your complaint to be resolved?  
Civil and Criminal Remedies

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Name of complainant <b>(b) (6)</b>	Date (month, day, year) 3/17/2012
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Have you filed a complaint alleging the same discrimination with another state or federal agency?  Yes  No

If yes, please provide the following information for each agency:

Name of the agency OCR Region # IV	Date complaint filed (month, day, year) 7/12/2011
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Case number assigned to your complaint 11-128942	Current status of your complaint Closed - no investigation
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How did you learn about your right to file a discrimination complaint with INDOT?  
Internet KIPDA Title VI Discrimination

Signature	Date signed (month, day, year)
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Voice- (404) 562-7886. (800) 368-1019  
TDD- (404) 562-7884. (800) 537-7697  
(FAX) - (404) 562-7881  
<http://www.hhs.gov/ocr/>

OFFICE OF THE SECRETARY

Office for Civil Rights, Region IV  
61 Forsyth Street, S. W.  
Atlanta Federal Center, Suite 3B70  
Atlanta, GA 30303-8909

July 12, 2011

**(b) (6)** IV-D # 0001295436 KASES (Discrimination)

Re: **(b) (6)** vs. Kentucky Cabinet for Health and Family Services  
OCR Reference Number: 11-123418 (Closed Case)

Dear **(b) (6)**:

Following a review of this case, OCR has determined that additional investigation is necessary. Accordingly, OCR has decided to re-open your case. The new transaction number is 11-128942.

If you choose to contact OCR, please remember to include the new transaction number. Should you have any questions, please contact:

Office for Civil Rights, Region IV  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
404-562-4754

Sincerely yours,

by/ Roosevelt Freeman  
Regional Manager  
OCR-Region IV

ACF) FOIA # 060920102009

Dept. of ED.) # 03114038

KCHR) KRS 300.244 # 7063 (00818)

OCR) Complaint Investigators:

Lezia Josenberger-Cook - (404) 562-2799

Kay Belton - (404) 562-7861

DIG) Deter Program - (502) 564-6786 - Vicki Franklin, Beth Grace

IS Postal Mail Fraud Complaints: CHFS, OAB, JCAD



(812) 280-5637

Melissa Dep Clerk (CS)

Latosha Higgins (317) 234-6442

Sherry - Supers

Dept Off. Civil (202) 366 4070

Rights

ANNUAL SUPPORT FEE NOTICE

Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services  
Child Support Bureau  
402 W. Washington St., MS11  
Indianapolis, Indiana 46204-2739  
317-233-5437  
FAX: 317-233-4925  
[www.in.gov/dcs](http://www.in.gov/dcs)

Child Support Hotline: 800-840-8757  
Child Abuse and Neglect Hotline: 800-800-5556

02/18/2012

The Indiana General Assembly set the amount of the Annual Support fee at \$55.00, effective January 1, 2008.

Employers please note: In instances where the Child Support Bureau does not have the address of the non-custodial parent (NCP), this notice is sent in the care of the NCP's last known employer. Employers are asked to forward this notice to your employee, or inform the Child Support Bureau if the non-custodial parent is no longer employed with your company.

Dear (b) (6)

This notice is to inform you that pursuant to IC 33-37-5-6 and IC 31-16-15, the 2012 Annual Support and Maintenance Docket Fee (ASFE) for the listed child support case(s) shown below is due by 06/30/2012. The \$55.00 fee is due for each and every individual case. In order to assure proper credit, you must include the coupon on the second page of this notice with your payment. In addition please remember to write on your check or money order the ISETS case number(s) listed on the coupon and clearly note that the payment is for the ASFE.

DO NOT COMBINE your ASFE payment with a child support payment or you may not receive proper credit for the payment of this fee. This is the only notice you will receive for this year's fee, this calendar year. If the total amount shown is not received by 06/30/2012, an Income Withholding Order will be sent to your employer to withhold the balance owed for the current year's fee for each and every individual case eligible for income withholding. If you have any questions about this notice, please contact the Kids Line at (317)233-5437 or (800)840-8757.

Please note: you may also receive an ASFE notice from your County Clerk's office regarding any past due ASFE balances from previous years. Please contact the County Clerk about those notices.

Thank you  
Indiana State Child Support Bureau  
Department of Child Services

Clark Co. 564-6660 Legal Dept.  
812 285 6247 Minal  
6262

PLEASE DETACH AND RETURN COUPON WITH PAYMENT  
PAYMENT COUPON

Mail this coupon with your check or money order and make payment payable to:

INSCCU - ASFE  
P O Box 6271  
Indianapolis IN 46206-6271

Please write on your check or money order the ISETS case number(s) and clearly note that the payment is for the ASFE. Please, DO NOT send cash.

Date: 02/18/2012  
Name: (b) (6)  
MPI#: 0003701783

COURT CAUSE NUMBER	ISETS CASE NUMBER	ASFE AMOUNT
10C01-0112-RS-349	0003928751	\$55.00
Total ASFE Due for the above listed cases		\$55.00

RETURN THIS PORTION WITH YOUR PAYMENT

Jackie Lewis  
DOT.gov



**COMPLAINANT CONSENT / RELEASE**

State Form 54514 (1-11)  
INDIANA DEPARTMENT OF TRANSPORTATION  
ECONOMIC OPPORTUNITY DIVISION

Latosha N Higgins, Title VI / ADA Program Manager  
INDIANA DEPARTMENT OF TRANSPORTATION  
ECONOMIC OPPORTUNITY DIVISION  
100 N Senate RM N750  
Indianapolis, IN 46204  
Telephone number : (317) 234-6142  
Fax number : (317) 233-0891  
E-mail address: LHiggins@indot.in.gov  
www.in.gov/dot

Name (first, middle, and last) <b>(b) (6)</b>	Telephone number <b>(502) 819-9401</b>
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Address (number and street, city, state and ZIP code)

Case number(s) (if known)  
**Federal registry case # IV-D 0001295436**

I have read the Title VI Notice of Complainant and Interviewee Rights provided by the Indiana Department of Transportation (INDOT). As a complainant, I understand that during an investigation it may become necessary for INDOT to reveal my identity to individuals outside of INDOT in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for INDOT to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the non-discrimination statutes enforced by INDOT.

Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one.)

**Consent**

I have read and understand the above information and authorize INDOT to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize INDOT to receive, review and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.

**Consent Denied**

I have read and understand the above information and do not want INDOT to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without INDOT making a determination in my case.

Signature <b>(b) (6)</b>	Date (month, day, year) <b>3/17/2012</b>
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