Middle Tennessee State University

Title VI and Title IX Survey

Subrecipients of Federal Funds

Date of Survey: _____ Type of Survey: ☐ Initial ☐ Annual ☐ Other

Name of Entity/School: _____

Name of Authorized Representative: _____ Title: _____

Name of Title VI and Title IX Coordinator: _____ Title: _____

Nondiscrimination Policies: Does your institution/school have a written policy stating that services will be provided to all persons without regard to race, color, national origin, or gender? ☐ Yes ☐ No

Records: Are permanent records kept of all Title VI and Title IX complaints? ☐ Yes ☐ No

Dissemination: Is Title VI and Title IX information disseminated to your employees, applicants, students, or other beneficiaries of services? ☐ Yes ☐ No

If yes, describe how beneficiaries are informed.

Does your organization also provide training to all employees and volunteers regarding the organization's responsibilities under Title VI and Title IX? ☐ Yes ☐ No

If yes, in what format is the training presented and how often is the training offered?

In the past twelve months, has your entity/institution received any complaint alleging a Title VI or Title IX violation? ☐ Yes ☐ No

If yes, use the space below to describe the nature of the complaint and its disposition.

Declaration of Respondent: I declare that I have completed the data in this self-survey and to the best of my knowledge and belief, it is true, correct, and complete.

_____ _____

Signature Date

_____

Name and Title of Individual Completing Survey

Declaration of Authorized Representative: I declare that I have reviewed and approved the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct, and complete.

_____ _____

Signature Date

_____

Name and Title of Authorized Representative