Appendix C: Title VI Discriminatory Complaint Form

The purpose of this form is to assist you in filing a complaint with the MPO. You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information related to items marked with a star (*), whether or not the form is used.

1. *Provide your name and address

Name: ___________________________________
Address: ___________________________________
Telephone Number:
Home: (_____) _____________________
Work: (_____) ______________________

2. *Person discriminated against if different from above:

Name: ___________________________________
Address: ___________________________________
Telephone Number:
Home: (_____) _________________________ Work: (_____) _______________________ 

Please explain your relationship to this person(s): 

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

3. *Agency, department, or program that discriminated:

Name: ___________________________________
Any individual (if known): ______________________________
4A.* Non-Employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the MPO in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., “Race: African American” or “Sex: Female”).

_____ Race/Color: ________________________________

_____ National Origin: _____________________________

_____ Sex: _______________________________________

4B.* Employment: Does your complaint concern discrimination in employment by the MPO? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., “Race: African American” or “National Origin: Canadian”).

_____ Race/Color: ________________________________

_____ National Origin: _____________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

Name of attorney: _______________________________________________

Address of attorney: _______________________________________________

Telephone number of attorney: (_____) __________________________________

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

Earliest date of discrimination: _________________________________________

Most recent date of discrimination: _______________________________________

9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please 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).

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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_____________________________________________________________________

_____________________________________________________________________
10. The laws we enforce prohibit recipients of federal funds programmed through the MPO 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 #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

11. 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, and Area Code/Telephone Numbers

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
12. Do you have any other information that you think is relevant to our investigation of your allegations? If so, please describe that information below and attach copies of that information to this form as you deem appropriate.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. Have you (or the person discriminated against) filed the same or any other complaints with other agencies such as the KDOT Office of Civil rights, etc.?

Yes________

No ________

If so, do you remember the complaint number?

________________________________________________________________________

Against what agency and department or program was it filed?

________________________________________________________________________
Address: ___________________________________

___________________________________

___________________________________

Telephone Number: (___) ___________________________

Date of filing: ____________ Agency: _________________________________________________

Briefly, what was the complaint about?

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

What was the result?

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

15. 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?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State Equal Opportunity Office and/or local Office of Human Rights

16. If you have already filed a charge or complaint with an agency indicated in #15 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:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

17. How did you learn that you could file this complaint?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

18.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.
__________________________________________________________________________
(Signature) (Date)

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

Please mail the completed, signed Title VI Discrimination Complaint Form (please make one copy for your records) to:

Lawrence-Douglas County Metropolitan Planning Organization
Attn: Title VI Coordinator
1 Riverfront Plaza, Suite 320
Lawrence KS 66044
Phone: (785) 832-3165