

## Appendix C: Title VI Discriminatory Complaint Form

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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): \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**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.**

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**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

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**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.**

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

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**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?

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Against what agency and department or program was it filed?

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Date of filing: \_\_\_\_\_ Agency: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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**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:

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

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**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