

L-DC MPO Title VI Discriminatory Complaint Form

The purpose of this form is to assist you in filing a complaint with the L-DC 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.* State 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 L-DC 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: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the L-DC 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 is the most convenient time and place for use 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: _____

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
6 E. 6th Street
Lawrence KS 66044
Phone: (785) 832-3165