

**TITLE VI PROGRAM AND RELATED STATUTES  
COMPLAINT FORM**

Note: We are asking for the following information to assist in processing your complaint. **If you need help in completing this form please let us know.**

**Section I**

Name: \_\_\_\_\_

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

Telephone Numbers:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements?

Large Print \_\_\_\_\_ Audio tape \_\_\_\_\_

TDD \_\_\_\_\_ Other \_\_\_\_\_

**Section II**

Are you filing this complaint on your own behalf?

Yes \_\_\_\_ No \_\_\_\_

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

Please explain why you have filed for a third party. \_\_\_\_\_

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Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes \_\_\_\_ No \_\_\_\_

**Section III**

Have you previously filed a Title VI complaint with this agency? Yes \_\_\_\_ No \_\_\_\_

**Section IV**

Date of Alleged Incident: \_\_\_\_\_ (Note: Complaints must be filed within 180 days of the alleged act of discrimination.)

Which of the following best describes the reason you believe the discrimination took place?

Race	Color	National Origin	Gender
Age	Disability	Income Status	

Name of agency complaint is against:

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Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

On separate sheets, please describe your complaint. Explain as briefly and clearly as possible what happened and how you were discriminated against. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Also attach any written material, photographs, etc. pertaining to your case and provide any other documentation that is relevant to this

complaint. Please include the basis of the complaint; race, color, national origin, disability, age, gender, or income status.

Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

[Note - We cannot accept your complaint without a signature.]

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Please mail your completed form to:

Central Lane Metropolitan Planning Organization

Title VI Coordinator

859 Willamette, Suite 500

Eugene, OR 97401