



**MEMPHIS URBAN AREA
METROPOLITAN PLANNING ORGANIZATION (MPO)
TITLE VI COMPLAINT FORM**

COMPLAINANT

NAME _____

ADDRESS _____

TELEPHONE _____

DATE RECEIVED _____

Complainant alleges Title VI violation is based on:

____ Race ____ Color ____ National Origin ____ Sex

Complaint:

Action Taken:

Problem Resolved? _____ Yes _____ No

Referred to: _____

Follow-up Needed? _____ Yes _____ No

Follow-up _____

Date Concluded _____

Investigator _____

Approved by MPO Coordinator _____ Date _____





**MEMPHIS URBAN AREA
METROPOLITAN PLANNING ORGANIZATION (MPO)
TITLE VI COMPLAINT FORM**

(To be completed by Memphis MPO Title VI Coordinator)

COMPLAINANT OF TITLE VI VIOLATION

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

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Person against whom the Title VI violation occurred (if other than complainant):

Name: _____

Street Address: _____

City, State, and Zip Code: _____

Telephone Number(s): Home: _____

Business: _____

Does an attorney for this complaint represent you? Yes _____ No _____

If yes, please complete the following:

Attorney's Name: _____

Attorney's Street Address: _____

City, State, and Zip Code: _____

Attorney's Telephone Number: _____

Which governmental agency(s) do you believe violated Title VI?

Name: _____

Which of the following best describes the reason you believe the Title VI violation took place?

____ Race ____ Color ____ National Origin ____ Sex

Date of alleged discrimination:

In the space below, please describe the alleged Title VI violation. Explain what happened and whom you believe was responsible. (Please print or type)



Have you tried to resolve this complain through a grievance procedure other than a Title VI complaint? Yes _____ No _____

If yes, what is the status of the grievance?

Name and title of the person handling the grievance procedure:

Name: _____

Title: _____

Have you filed a complaint of the alleged Title VI violation with a federal, state, or local agency; or with state or federal court? Yes _____ No _____

If yes, check all that apply:

Federal Agency _____

State Agency _____

Local Agency _____

Federal Court _____

State Court _____



Please provide the name of the Agency where you filed your complaint:

Name: _____

Contact Person: _____

You may attach any additional information you think is relevant to your complaint.

Please sign below.

Signature of Complainant

Date

