



**ORGANIZACIÓN DE PLANIFICACIÓN METROPOLITANA
DEL ÁREA URBANA DE MEMPHIS
FORMULARIO DE RECLAMACIÓN TITULO VI**

DEMANDANTE

NOMBRE _____

DIRECCIÓN _____

TELÉFONO _____

FECHA DE RECEPCIÓN _____

Alega violación Titulo VI se basa en:

_____ Raza _____ Color _____ Origen Nacional _____ Genero

Queja:

Medidas Adoptadas:

Problema Resuelto? _____ Sí _____ No

Referido a: _____

Seguimiento Necesarios? _____ Sí _____ No

Seguimiento _____

Fecha Concluyó _____

Investigador _____

Aprobado por el coordinador de MPO _____ Fecha _____





**MEMPHIS URBAN AREA METROPOLITAN
PLANNING ORGANIZATION (MPO)**
TITLE VI COMPLAINT FORM
(To be complete by Memphis MPO Title Coordinator)

COMPLAINT 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:



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