

Strengthening Regional Transportation

## ORGANIZACIÓN DE PLANIFICACIÓN METROPOLITANA DEL ÁREA URBANA DE MEMPHIS

### FORMULARIO DE RECLAMACIÓN TITULO VI

DEMANDA	NTE				
NOI	MBRE		 		
DIR	ECCIÓN		 		
TEL	ÉFONO		 		
FEC	CHA DE RECEPCIÓN		 		
Alega viola	nción Titulo VI se bas	a en:			
	_Raza	Color	 _Origen Nacional	l	_Genero
Queja: 					
Medidas A	doptadas:				

Problema Resuelto?SíNo	
Referido a:	
Seguimiento Necesarios?SíNo	
Seguimiento	
Fecha Concluyó	
Investigador	
Aprobado por el coordinador de MPO	Fecha



Strengthening Regional Transportation

# 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 complai	nant):
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	s:		
City, State, and Zip Code:			
Attorney's Telephone Nu	mber:		
Which governmental age	ency(s) do you believed v	violated Title VI?	
Name:			
Which of the following b	est describes the reason	you believe the Title VI violat	ion took place?
Race	Color	National Origin	Gender
Date of alleged discriminate	ation:		
whom you believe was r	<b>esponsible.</b> (Please print	itle VI violation. Explain what or type)	
Have you tried to resolve	this complain through a	grievance procedure other tha	n a Title VI
complaint?	Yes	No	II a TICIC VI

ne and title of the person handling the grieva	nce procedure:
Name:	
Title:	
	violation with a federal, state, or local
If yes, check all that apply:	No
If yes, check all that apply:	
If yes, check all that apply:  Federal Agency  State Agency	
If yes, check all that apply:  Federal Agency	
If yes, check all that apply:  Federal Agency  State Agency  Local Agency	
If yes, check all that apply:  Federal Agency  State Agency  Local Agency  Federal Court	
If yes, check all that apply:  Federal Agency  State Agency  Local Agency  Federal Court	No
If yes, check all that apply:  Federal Agency  State Agency  Local Agency  Federal Court  State Court	ou filed your complaint:

You may attach any additional information you think is relevant to your complaint.			
Please sign below.			
Signature of Complainant	Date		