Memphis MPO
METROPOLITAN PLANNING ORGANIZATION

Strengthening Regional Transportation

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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

T 901.636.7190

125 N Main Street, Suite 450
Memphis, TN 38103
memphismpo.org

Action Taken:

_____

_____

_____

_____

Problem Resolved? _____Yes _____No

Referred to: _____

Follow-up Needed? _____Yes _____No

Follow-up _____

Date Concluded_____

Investigator_____

Approved by MPO Title VI Coordinator_____

Date_____

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TITLE VI COMPLAINT FORM

(To be completed by Memphis MPO Title VI Coordinator)

COMPLAINAT 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: _____

T 901.636.7190

125 N Main Street, Suite 450
Memphis, TN 38103
memphismpo.org

Attorney's Street Address: _____

City, State, and Zip Code: _____

Attorney's Telephone Number: _____

Which governmental agency(s) do you believed violated Title VI? (i.e. Memphis MPO, TDOT, MDOT, FHWA, FTA, etc.)

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 and list name of the agency:

Federal Agency (FHWA or FTA) _____

State Agency (TDOT or MDOT) _____

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