Memphis MPO
METROPOLITAN PLANNING ORGANIZATION

Strengthening Regional Transportation

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:

_____

_____

_____

T 901.636.7190

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

Problema Resuelto? _____Sí _____No

Referido a:_____

Seguimiento Necesarios? _____Sí _____No

Seguimiento _____

Fecha Concluyó _____

Investigador _____

Aprobado por el coordinador de MPO _____ Fecha _____

Memphis MPO
METROPOLITAN PLANNING ORGANIZATION

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 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 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 _____Gender

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