



Title VI Discrimination Complaint Form

Please read the information on the first page of this form carefully before you begin

1. First Name, Middle Initial, Last Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Email: _____

2. Who do you believe discriminated against you?

- First Name, Middle Initial, Last Name: _____
Name of business/organization: _____
Position/Title: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Email: _____
Person's relationship to you: _____

3. When did the alleged act(s) of discrimination occur? Please list all dates applicable dates mm/dd/yyyy format.

Dates: _____

Is the alleged discrimination on-going? Yes____ No____

4. Where did the alleged act(s) of discrimination occur? (Attach additional pages as necessary.)

Name of location: _____

5. Indicate the basis of your grievance of discrimination:

- Race
- National Origin
- Color

6. Describe in detail the specific incident(s) that the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach additional pages as necessary.

Please explain how other persons or groups were treated differently by the person(s)/agency who discriminated against you.

Please list and describe all documents, e-mails, or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report, and the resolution. Please provide any supporting documentation.

Please provide any additional information about the alleged discrimination.

7. If an advisor will be assisting you in the complaint process, please provide his/her name and contact information.

First Name, Middle Initial, Last Name: _____

Name of business/organization: _____

Position/Title: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Email: _____

8. This complaint form must be signed and dated in order to address your allegations. Additionally, this office will need your consent to disclose your name, if needed, in the course of our investigation. The Discrimination Complaint Consent/Release form is attached. If you are filling a complaint of discrimination on behalf of another person, our office will also need this person's consent.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature(Firma): _____ Date (Fecha): _____



**Title VI Discrimination Complaint
Consent/Release Form**

Please read the information on the first page of this form carefully before you begin.

First Name, Middle Initial, Last Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

As a complaint, I understand that in the course of an investigation it may become necessary for the El Paso Metropolitan Planning Organization to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the El Paso Metropolitan Planning Organization to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation from having taken action or participated in action to secure right protected by nondiscrimination statutes and regulations which are enforced by the Federal Highway Administration (FHWA) of the U.S. Department of Transportation.

Please check one:

- I CONSENT and authorize the El Paso Metropolitan Planning Organization (EPMPO), as part of its investigation, to reveal my identity to persons at the organization, business, or institution, which has been identified by me in my formal complaint of discrimination. I also authorize EPMPO to discuss, receive, and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and so so voluntarily.
- I DENY CONSENT to have the El Paso Metropolitan Planning Organization (EPMPO), reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have EPMPO disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature(Firma): _____ Date (Fecha): _____