

**TITLE VI PROGRAM AND RELATED STATUTES
COMPLAINT FORM**

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title 42 U.S.C. Section 2000d

Note: We are asking for the following information to assist us in processing your complaint. **If you need help in completing this form, please contact Paul Thompson, the Title VI Coordinator, at (541) 682-4405.**

Section I

Name: _____

Address: _____

Telephone Numbers:

(Home) _____ (Work) _____

E-mail: _____

Do you have any special information format requirements?

Large Print _____ Audio tape _____

TDD _____ Other _____

Section II

Are you filing this complaint on your own behalf?

Yes _____ No _____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party. _____

Please confirm that you have permission from the complainant if you are filing on behalf of a third party.

Yes _____ No _____

Section III

Have you previously filed a Title VI complaint with this agency? Yes _____ No _____

Section IV

Date of Alleged Incident: _____ (Note: Complaints must be filed within 180 days of the alleged act of discrimination.)

Section V

Which of the following best describes the reason you believe the discrimination took place?

- Race
- Color
- National Origin
- Gender
- Age
- Disability
- Income Status

Name of agency complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

Section VI

On separate sheets, please describe your complaint. Explain as briefly and clearly as possible what happened and who you believe was responsible. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation. Also attach any written material, photographs, etc. pertaining to your case and provide any other documentation that is relevant to this complaint.

Please list names and contact information of persons who may have knowledge of the alleged discrimination.

Section VII

How can this complaint be resolved? How can the problem be corrected?

Please sign here: _____

Date: _____

[Note - We cannot accept your complaint without a signature.]

Please mail your completed form to:

Central Lane Metropolitan Planning Organization

Title VI Coordinator

859 Willamette, Suite 500

Eugene, OR 97401