

## Albany Area MPO Title VI Complaint Form

The Albany Area MPO, as a recipient of federal financial assistance, is required to ensure that all of its activities and any benefits from these activities are conducted in a manner consistent with Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that he or she has been subjected to discrimination under any of AAMPO's programs or activities based on their race, color, national origin, limited English proficiency, sex, income, age or disability by file a written complaint with the MPO.

### Complainant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Person discriminated against (if other than the complainant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Were you discriminated against because of your:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Race        | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color       | <input type="checkbox"/> Age             |
| <input type="checkbox"/> Sex         | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Other _____ |  |

Date and Time of Alleged Incident: \_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved and any MPO projects, plans or programs that may have led to the situation you are describing. Be sure to include the names and contact information of any witnesses. If more space is needed, please use additional pages.

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Have you filed this complaint with any other federal, state or local agency or with any court?

Yes       No

If yes, check and identify all that apply:

- Federal Agency \_\_\_\_\_
- Federal Court \_\_\_\_\_
- State Agency \_\_\_\_\_
- State Court \_\_\_\_\_
- Local Agency \_\_\_\_\_

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit this signed form to and any attachments to:**

Albany Area MPO Title VI Coordinator  
Oregon Cascades West Council of Governments  
1400 Queen Ave SE, Suite 205  
Albany OR 97322