

TITLE VI COMPLAINT FORM

The complaint must be filed no later than 180 calendar days from the most recent date of the alleged discrimination. The filing date is the day you complete, sign, and mail this complaint form. The complaint form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint.

For assistance, email mbergeron@victoriatx.gov or call (361) 485-3360. Submit signed original forms by mail or deliver them to:

Victoria Metropolitan Planning Organization
Attention: Maggie Bergeron
700 N. Main St.
P.O. Box 1758
Victoria, TX 77902

Your Contact information:

First MI Last Name

Street Address City State Zip Code

Phone Number Email Address

Whom do you believe discriminated against you?

First MI Last Name

Name of Business/Organization Title

Street Address City State Zip Code

Phone Number Email Address

When did the alleged act of discrimination occur? Please list all dates.

Indicate the basis of your discrimination grievance.

Race: _____ Religion: _____ Disability: _____
Color: _____ Sex: _____ National Origin: _____

Describe in detail the specific incident that is the basis of the alleged discrimination. List and identify any witnesses to the incidents or persons having personal knowledge of the incident.

Have you reported this incident or related acts of discrimination? Yes: _____ No: _____

If yes, please identify to whom you made the report, the date of the report, and the outcome. Please attach any supporting documentation that you have from this report.

If someone assisted with the complaint process, please provide their information below.

| | | | |
|----------------|----|---------------|----------|
| First | MI | Last Name | |
| Street Address | | City | State |
| | | | Zip Code |
| Phone Number | | Email Address | |

Please sign and date this complaint for us to address your allegations. Please note that by signing this complaint you also consent to authorize the MPO as part of its investigation to reveal your identity to those identified in this complaint to receive documents/information to investigate the complaint.

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

Date