

Acadiana Metropolitan Planning Organization (MPO) Title VI Discrimination Complaint Form

Your Name:	Phone:	Name of Person(s) who discriminated Against You:
Your Address (Street No., P.O. Box, Etc.):		Location and Position of Person (if known):
Your City, State, Zip:		City, State, Zip of Alleged Incident:

Discrimination occurred because of (Circle all that apply): <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Race/Color</td> <td style="padding: 2px;">Sex</td> </tr> <tr> <td style="padding: 2px;">Disability</td> <td style="padding: 2px;">Age</td> </tr> <tr> <td style="padding: 2px;">National Origin</td> <td style="padding: 2px;">Income Status</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Retaliation</td> </tr> </table>	Race/Color	Sex	Disability	Age	National Origin	Income Status	Retaliation		Date of Alleged Incident:
Race/Color	Sex								
Disability	Age								
National Origin	Income Status								
Retaliation									

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and witnessed the discrimination. Be sure to include how other persons were treated differently than you. (Attach any written material pertaining to your case):

Section II.

Are you filing this complaint on your own behalf?	Yes	No
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***If you answered yes to this question, skip to Section III.**

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

Please explain why you are filing for a third party:				
Please confirm that you have obtained the permission of the aggrieved party to file a complaint on their behalf:		Yes	No	
Section III.				
Have you previously filed a complaint with this Agency?:				
Have you filed this complaint with any other Federal, State, or local agency? If yes, please name said agency and briefly describe the incident:				
Signature:			Date:	
Please return this form to: Keefe P. Carney Title VI & ADA Coordinator Acadiana Metropolitan Planning Organization 101 Jefferson Street Lafayette, LA 70501			Phone: 337-806-9371	
Accessible Format Requirements for this Form?	Large Print		Audio Tape	
	TDD		Other	