

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: <input type="checkbox"/> Race/Color <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Income Status <input type="checkbox"/> Retaliation		Date of Alleged Incident
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
*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: Title VI & ADA Coordinator Acadiana Metropolitan Planning Organization 101 Jefferson Street Lafayette, LA 70501		Phone: 337-806-9366	
Accessible Format Requirements for this Form?	Large Print		Audio Tape
	TDD		Other