



Texarkana Metropolitan Planning Organization

P.O. Box 1967, 220 Texas Blvd. 2nd Floor, Texarkana, TX 75504
903-798-3927 Bus 903-798-3773 Fax

TITLE VI COMPLAINT FORM

The Texarkana Metropolitan Planning Organization is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin, as provided by the Title VI of the Civil Rights Act of 1964, as amended. The Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Date of Filing: _____ Work Phone: _____
Name: _____ Home Phone: _____
Address: _____ E-mail Address: _____
City, State, Zip Code: _____

Indicate on what ground(s) you believe you have been discriminated against (check all that apply):

Age Color Disability National Origin Race Religion Sex

Indicate the person(s) who you believe discriminated against you:

Name(s): _____
Work Location (if known): _____
Work Phone: _____
Date of alleged incident: _____

If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____
Address: _____
Work Phone: _____
E-mail Address: _____

Explain why you believe discrimination has occurred. If there were witnesses, please provide names, addresses and telephone numbers. Be sure to include how other persons were treated differently than you. Attach additional pages as necessary and any written material pertaining to your case.

What remedy are you requesting? Please be specific:

Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any other agencies (Federal, State, or local):

Yes

No

If so, please provide the following information:

Agency: _____
Address: _____
Name of Investigator (if known): _____
Phone Number: _____
E-mail Address: _____
Date Filed: _____
Status of case: _____

I confirm that I have read the above charge(s) and it is true to the best of my knowledge.

Print of typed name of the complainant: _____

Signature

Date

Completed forms must be submitted to the Texarkana Metropolitan Planning Organization.
If you require any assistance in filing out this form please call 903-798-3927.