

## Flint Hills Metropolitan Planning Organization

206 Southwind Place, Suite 2B | Manhattan, KS | 66503 785.620.3070 | FHMPO@FlintHillsMPO.org www.FlintHillsMPO.org

## **Title VI Discriminatory Complaint Form**

The purpose of this form is to assist you in filing a complaint with the FHMPO. You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information related to items marked with a star (\*), whether or not the form is used.

1. State your	name and address		
Name:			
Address:			
Telephone Nui	mber:		
Home: ()	)	_Work: (	_)
2.* Person disc	criminated against if different	from above:	
Name:			
Address:			
Telephone Nui	mber:		
Home: ()	)	_ Work: (	_)
Please explain	your relationship to this perso	n(s):	

Name:	
Any individual (if known):	
Address:	
Telephone Number: ()	
services or in other discriminatory action others? If so, please indicate below	plaint concern discrimination in the delivery of ons of the FHMPO in its treatment of you or the base(s) on which you believe these "Race: African American" or "Sex: Female).
Race/Color:	
National Origin:	
Sex:	
Religion:	
Age:	
Disability:	
FHMPO? If so, please indicate below	t concern discrimination in employment by the v the base(s) on which you believe these, "Race: African American" or "National Origin
Race/Color:	
National Origin:	



complaint?	t convenient time and place for us to contact you about this
	able to reach you directly, you may wish to give us the name and a person who can tell us how to reach you and/or provide our complaint:
Name:	
elephone Number: (	
7. If you have an a complaint, please pro	ttorney representing you concerning the matters raised in this ovide the following:
Name of attorney:	
Address of attorney:	
-	
_	<del></del>
elephone number of	f attorney: ()
3.* To your best re place?	collection, on what date(s) did the alleged discrimination take
Earliest date of discri	mination:
Most recent date of o	discrimination:



9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Be sure to
include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case).
10. The laws we enforce prohibit recipients of federal funds programmed through the FHMPO from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.



Telephone Number (with area code)
e any other information that you think is relevant to our investigation
ns?
ons?
ons?

11. Please list below any persons (witnesses, fellow employees, supervisors, or



13. What remedy are you seeking for the alleged discrimination?
14. Have you (or the person discriminated against) filed the same or any othe complaints with other agencies such as the KDOT Office of Civil rights, etc.?
If so, please provide the complaint number?
Against what agency and department or program was it filed?
Address:
Telephone Number: ()
Date of filing: Agency:
Briefly, what was the complaint about?



What was the result?	
	_
	_
	_
	_
	_
15. Have you filed or do you intend to file a charge or complaint concerning matters raised in this complaint with any of the following?	the
U.S. Equal Employment Opportunity Commission	
Federal or State Court	
Your State Equal Opportunity Office and/or local Office of Human Rights	
16. If you have already filed a charge or complaint with an agency indicated in a above, please provide the following information (attach additional pages if necessar	
Agency:	
Date Filed:	
Case or Docket Number:	
Date of Trial/Hearing:	
Location of Agency/Court:	
Name of Investigator:	
Status of Case:	



Comments:		
17. How did you learn that you	ı could file this complaint?	
18.* We cannot accept a composite complaint form below.	plaint if it has not been signed. Please sign and date	e this
(Signature)	(Date)	
Please feel free to add addition	al sheets to explain the present situation to us.	

Flint Hills Metropolitan Planning Organization Title VI Coordinator 206 Southwind Place, Suite 2B Manhattan, KS 66503 Phone: (785) 620-3070

Please mail the completed and signed Title VI Discrimination Complaint Form (make one

copy for your records) to:

