



TITLE VI COMPLAINT FORM

PROFILE			
Name:			
Address:			
Telephone:		Email:	
REPRESENTATION			
Are you filing this complaint on your own behalf?	Yes	No	
If Yes, proceed to the next section			
If No, provide the name and relationship of the person for whom you are complaining			
Name:		Relationship:	
Please explain why you are filing for a third party			
Have you obtained permission from the aggrieved party to file a complaint on their behalf?	Yes	No	
COMPLAINT			
Indicate the basis of your complaint	Race	Color	National Origin
Date of alleged discrimination (month, day, year):			
Describe the alleged discrimination and how other persons or groups were treated differently.			

WITNESS 1			
Name:			
Address:			
Telephone:		Email:	
WITNESS 2			
Name:			
Address:			
Telephone:		Email:	
ACTIONS			
What actions have been taken to attempt to resolve this complaint?			
Have you filed this complaint with another federal, state, or local agency or court?	Yes	No	
If yes, please indicate:			
Date filed:		Name of Agency/Court:	
Outcome, if any:			
Have you ever filed a Civil Rights complaint prior to this one?	Yes	No	
If yes, please indicate:			
Date filed:		Name of Agency/Court:	
Basis of Complaint:			
Outcome:			
How would you like to see this complaint resolved?			

RELEASE OF INFORMATION

In the course of an investigation, it will likely be necessary for the MPO to reveal your identity to persons at the organization or institution under investigation. The MPO also has an obligation to honor requests under the Freedom of Information Act. Complainants are protected from retaliation for action or participating in action to secure rights protected by nondiscrimination statues and regulations which are enforced by the Federal Highway Administration (FHWA) of the U.S. Department of Transportation.

Check one:

I CONSENT and authorize the Regional Planning Commission of Greater Birmingham (RPCGB), as part of its investigation, to reveal my identity to persons at the organization, business, or institution which has been identified by me in my formal complaint of discrimination, as well as to external agencies authorized to receive complaints. I also authorize the RPCGB to discuss, receive, and review materials and information about me with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily.

I DENY CONSENT to have the Regional Planning Commission of Greater Birmingham (RPCGB) reveal my identity to persons at the organization, business, or institution under Investigation or to external agencies authorized to receive complaints. I also deny consent to have the RPCGB disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing RPCGB to discuss, receive, or review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in an unsuccessful resolution of my case.

NOTE: Please attach written materials or other information that may be relevant to your complaint.

Signature of Complainant

Date