



Flint Hills Metropolitan Planning Organization

323 Poyntz Avenue, Suite 101 | Manhattan, KS | 66502

Phone: 785.845.9050

FHMPO@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 Number:

Home: (____) _____ Work: (____) _____

2.* Person discriminated against if different from above:

Name: _____

Address: _____

Telephone Number:

Home: (____) _____ Work: (____) _____

Please explain your relationship to this person(s):

3.* Agency, organization, or program that discriminated:

Name: _____

Any individual (if known): _____

Address: _____

Telephone Number: (_____) _____

4A.* Non-Employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the FHMPO in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female).

Race/Color: _____

National Origin: _____

Sex: _____

Religion: _____

Age: _____

Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the FHMPO? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "National Origin: Canadian").

Race/Color: _____

National Origin: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone Number: (_____) _____

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

Name of attorney: _____

Address of attorney: _____

Telephone number of attorney: (_____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

13. What remedy are you seeking for the alleged discrimination?

14. Have you (or the person discriminated against) filed the same or any other 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?

Comments:

17. How did you learn that you could file this complaint?

18.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

Please mail the completed and signed Title VI Discrimination Complaint Form (make one copy for your records) to:

Flint Hills Metropolitan Planning Organization
Title VI Coordinator
323 Poyntz Avenue, Suite 101
Manhattan, KS 66502
Phone: (785) 845-9050