

**TITLE VI COMPLAINT FORM**  
**Ozarks Transportation Organization MPO**

The purpose of this form is to assist you in filing a complaint with the Ozarks Transportation Organization Metropolitan Planning Organization (MPO) if you or your group feels the actions of the MPO have negatively impacted or caused undue burden to either, but not limited to, a specific minority group, disabled individuals, lower-income population, individuals with limited English proficiency, or the traditionally underserved. You are not required to use this form; a letter with the same information is sufficient, however, the information requested in the items marked with a star (\*) must be provided, whether or not the form is used.

\* 1. State your name and address.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No:  
Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

\* 2. Person(s) or Group negatively impacted or caused undue burden, if different from above.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No:  
Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please explain your relationship to this person(s).

\_\_\_\_\_

3. Does your complaint concern discrimination involving disproportionately high and adverse impacts on low income, minority, or limited English proficiency populations, delivery of services or in other discriminatory actions of the MPO 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: \_\_\_\_\_  
\_\_\_ English Proficiency: \_\_\_\_\_  
\_\_\_ Sex: \_\_\_\_\_  
\_\_\_ Religion: \_\_\_\_\_  
\_\_\_ Age: \_\_\_\_\_  
\_\_\_ Disability: \_\_\_\_\_



9. The laws we enforce prohibit recipients of MPO funds 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.

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10. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone Numbers

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11. Do you have any other information that you think is relevant to our investigation of your allegations? Please use additional sheets if necessary or attach a copy of written materials.

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12. What resolution are you seeking for this particular situation?

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13. Have you (or the person(s) that was caused undue burden or experienced negative impacts) filed the same or any other complaints with other agencies such as the Greene County Office of Human Rights, Federal Bureau of Investigation, etc.?

Yes \_\_\_ No \_\_\_

If so, do you remember the Complaint Number?

\_\_\_\_\_

Against what agency and department or program was it filed?

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Briefly, what was the complaint about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the result?

\_\_\_\_\_

\_\_\_\_\_

14. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

\_\_\_ Federal or State Court

\_\_\_ Your State Equal Opportunity Office and/or local Office of Human Rights

15. If you have already filed a charge or complaint with an agency indicated in #14, above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_

Date filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial/Hearing: \_\_\_\_\_

Location of Agency/Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Comments:

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- \* 16. 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, signed Discrimination Complaint Form (please make one copy for your records) to:

**Ozarks Transportation Organization  
Title VI Administrator  
117 Park Central Square, Suite 107  
Springfield, MO 65806  
417-836-5442 (phone)  
417-862-6013 (fax)**

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

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