



OZARKS TRANSPORTATION  
ORGANIZATION

A METROPOLITAN PLANNING ORGANIZATION

**TITLE VI/ADA COMPLAINT FORM**

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 discriminated against, if different than listed above.

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

Please explain your relationship to this person(s).

\_\_\_\_\_

3. Agency, department of program that discriminated

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

- 4a. Non-Employment: 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 ADA discriminatory actions of the OTO and 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: \_\_\_\_\_  
\_\_\_ ADA: \_\_\_\_\_

- 4b. Employment: Does your complaint concern discrimination in employment by the OTO? 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: \_\_\_\_\_

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

\_\_\_\_\_

6. If we are not able to reach you directly, do you 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 No: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_

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

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

Telephone No:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

- \* 9. Please explain the situation by clearly stating what happened, why you believe it happened, and how the situation has created an adverse or negative impacts for the person(s) filing this complaint. Indicate who was involved. Be sure to include how other persons or groups were treated differently from you or your group. (Please

use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

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10. The laws we enforce prohibit recipients of federal funds programmed through the OTO 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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11. Please list below any persons (witnesses, fellow employees, supervisor, or others), 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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12. 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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13. What resolution are you seeking for this particular situation?

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14. 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 MoDOT office of Civil Rights, Federal Bureau of Investigation, etc.?

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

If so, do you remember the Complaint Number?

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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?

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What was the result?

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15. 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?

\_\_\_ 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 #15, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, signed Discrimination Complaint Form (please make one copy for your records) to:

**Ozarks Transportation Organization**  
**Title VI/ADA Coordinator**  
**2208 West Chesterfield Blvd., Suite 101**  
**Springfield, MO 65807**  
**417-865-3042 (phone)**  
**417-862-6013 (fax)**