



Title VI Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Permian Basin Metropolitan Planning Organization (Permian Basin MPO), please fill out the form below and send it to: Permian Basin MPO, Attn: Title VI Coordinator, P.O. Box 60916, Midland, TX 79711 or fax it to 432-617-0165.

For questions and assistance with completing the form, please contact the Permian Basin MPO office at 432-617-0129.

1. Name (Complainant):	
2. Phone:	3. Address:
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:
7. Discrimination of because of: <input type="checkbox"/> Race <input type="checkbox"/> National origin <input type="checkbox"/> Color <input type="checkbox"/> Other	
Please specify:	

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. Why do you believe these events occurred?

10. What other information do you think is relevant to the investigation?

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

13. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court?

- Yes No

If yes, check all that apply:

- Federal agency Federal court State court
 Local agency State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court: Contact's Name: Address: Phone number:

Signature (Complainant):

Date of filing: