Title VI Complaint Form
Mid-America Regional Council

The Mid-America Regional Council (MARC) assures that no person shall, on the grounds of race, color, sex or national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. MARC further assures that every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs and activities are federally funded or not.

The purpose of this form is to assist you in filing a Title VI complaint with the Mid-America Regional Council (MARC). 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: ____________________________
City/State ____________________________ Zip Code ____________________________
Telephone Number:
Home: (___)______________ Work: (___)______________

2.* Person discriminated against if different from above:
Name: ____________________________
Address: ____________________________
City/State ____________________________ Zip Code ____________________________
Telephone Number:
Home: (___)______________ Work: (___)______________

Please explain your relationship to this person(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________


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

Name: ______________________________________________________________________________

Any individual (if known): _______________________________________________________________

Address: ____________________________________________________________________________

City/State_____________________________________ Zip Code _______________________________

Telephone Number: (___) ___________________________

4A.* Non-Employment: Does your complaint concern discrimination in the delivery of services or in other
discriminatory actions of the metropolitan planning organization 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 MPO?  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: __________________________________________________________________

City/State_____________________________________ Zip Code _______________________________

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: ______________________________________

9.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case).
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

10. The laws we enforce prohibit recipients of federal funds programmed through the MPO 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 question 9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

11. Please list below any persons (witnesses, fellow employees, supervisors or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name    Address    Area Code/Telephone Numbers
12. Do you have any other information that you think is relevant to our investigation of your allegations?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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 MoDOT or KDOT Office of Civil rights, etc.?
Yes________
No ________
If so, do you know the complaint number?
________________________________________________________________

Against what agency and department or program was it filed?
____________________________________________________________________

Address: ____________________________________________________________
City/State_____________________________________ Zip Code _______________________________
Telephone Number: (___) ___________________________

Date of filing: _______________  Agency: ____________________

Briefly, what was the complaint about?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What was the result?
____________________________________________________________________________________
____________________________________________________________________________________
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 question 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:
Mid-America Regional Council
Attn: Title VI Coordinator
600 Broadway, Suite 200
Kansas City, MO 64105-1659
Phone: (816) 474-4240