



## TITLE VI/ADA COMPLAINT FORM

### PART 1 – COMPLAINANT INFORMATION (Print All Items Legibly.)

Name		Telephone
Mailing Address		E-Mail Address
City	State	Zip Code

### CAUSE OF DISCRIMINATION BASED ON [Check all that apply]

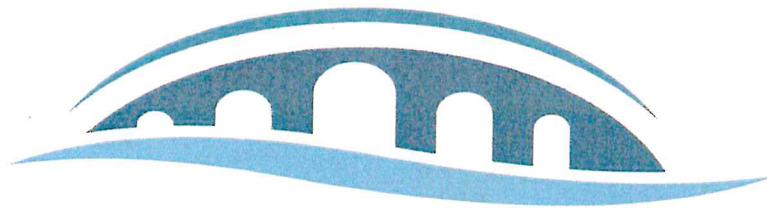
<b>Title VI of the Civil Rights Act of 1964</b> <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color	<b>Other Nondiscrimination Statutes/Executive Orders</b> <input type="checkbox"/> Sex <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Limited English Proficiency
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Name of public entity complaint is against.
Provide an explanation of what happened and date(s) of the alleged discriminatory act and location.

### WE CANNOT ACCEPT YOUR COMPLAINT WITHOUT A SIGNATURE AND DATE.

Complainant's Signature	Date
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**POSTED AT: GF City Hall Lobby and MPO/Planning Office, 255 No. 4<sup>th</sup> St. Grand Forks, ND 58201; EGF City Hall Lobby and MPO Office, 600 DeMers Avenue, East Grand Forks MN 56721**



Grand Forks - East Grand Forks

# METROPOLITAN PLANNING ORGANIZATION

SFN 51795 (Rev. 11-2014)

## SUBRECIPIENT INSTRUCTIONS

Name of Subrecipient: GF/EGF Metropolitan Planning Organization		Name of Subrecipient's Title VI Coordinator: Earl Haugen, Executive Director	
Street Address/P.O. Box: 255 North 4 <sup>th</sup> Street, P.O. Box 5200		City: Grand Forks	State: ND
Telephone Number: (701) 746-2660		Relay North Dakota Telephone Number: 711 or 1-800-366-6888	Zip Code: 58203
		Text Telephone Number (TTY):	

### GENERAL

1. Instruction provided within this form are not meant to be all-inclusive. Members of the public or external applicants for employment filing a Title VI/ADA complaint are responsible for all procedural requirements contained in the **GF-EGF MPO** Title VI/ADA External Complaint Process.
2. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability, limited English proficiency, or income status\*, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the **GF-EGF MPO**. Any person or group(s) of persons who feel they have been discriminated against may file a complaint
3. Complainants **must** include all required information and must meet all timeframes as defined in the **GF-EGF MPO** Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries on how to complete this form should be directed to the contact listed above.

### PART I

Complete all information in this section.

### PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

### PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

### PART IV

State the minimum remedy acceptable for resolution of this complaint.

**PART V**

Sign and date this section to verify the information contained in Parts I through IV.

**TITLE VI COMPLAINTS ARE FILED ACCORDING TO THE TITLE VI COMPLAINT PROCEDURE**

\*Title VI of the Civil Rights Act of 1964 governs race, color, and national origin. Related Nondiscrimination Authorities govern sex, 23 U.S.C. 324; age, 42 U.S.C. 6101; disability/handicap, 29 U.S.C. 790; and low income E.O. 12898.