

Title VI Complaint Form

The Mississippi River Regional Planning Commission's Title VI Complaint Procedure is made available in the following locations: *(check all that apply)*

- ☐ Agency website, either as a reference in the Notice to Public or in its entirety
- ☐ Hard copy in the central office
- ☐ Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- ☐ Other, _____

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
[] Race [] Color [] National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				

Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Title VI Program / Limited English Proficiency Plan

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	
Section VI	
Name of agency complaint is against: _____	
Contact person: _____	
Title: _____	
Telephone number: _____	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Attn: Title VI Coordinator
Mississippi River Regional Planning Commission
1707 Main Street, Suite 435
La Crosse, State 54601

INSTRUCTIONS

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or groups(s) of persons shall, on the grounds of race, color or national origin, 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 MRRPC. Any person or groups(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the MRRPC Title VI Complaint Procedure. (NOTE: The complaint **must** be filed in writing no later than 180 days after the date of the alleged discrimination.)
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries should be directed to MRRPC, attn: Greg Flogstad, Director, 1707 Main St., Suite 435, La Crosse, WI, 54601.

PART I : Complete all information in this section.

PART II: Complete required information in this section.

PART III: Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories. State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV: Answer "Yes" or "No" to this question.

PART V: Complete required information in this section.

PART VI: Complete all information in this section.

Sign and Date the Form.

Complaints filed with U. S. Department of Transportation

Discrimination complaints based on race, color sex, age, national origin, disability/handicap, and income status may be filed with the Secretary, U.S. Department of Transportation, Room 4132, 400 Seventh Street, Southwest, Washington, D.C. 20590. The complaint **must** be filed, in writing, no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary, U.S. Department of Transportation.