

Rio Grande Valley Metropolitan Planning Organization

Discrimination Complaint Form

The Rio Grande Valley Metropolitan Planning Organization (MPO), as a recipient of federal financial assistance and under the Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any agency programs or activities. These prohibitions extend from the MPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.). All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements. The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs.

Upon request, reasonable accommodations may be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may be filed by a representative on behalf of a complainant. The complaint must be **filed** no later than 180 calendar days from the most recent date of the alleged discrimination. The **filing date** is the day you complete, sign, and mail this complaint form. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint. For assistance call (956) 682-3481 or Submit signed original forms by mail or deliver to:

Rio Grande Valley Metropolitan Planning Organization

ATTN: Title VI Coordinator

617 W University Drive

Edinburg, Texas 78539

Please read all information carefully before you begin to complete form.

First Name	MI	Last Name	
Street Address	City	State	Zip
Telephone Number	E-mail Address		

Who do you believe discriminated against you?

First Name	MI	Last Name	
Name of Business/Organization	Position/Title		
Street Address	City	State	Zip

When did the alleged act(s) of discrimination occur? List all dates in mm/dd/yyyy format.

Is the alleged discrimination ongoing? Yes No

Where (location) did the alleged act(s) of discrimination occur? *Attach additional pages as needed.*

Indicate the basis of your discrimination grievance.

Race

Color

Religion

Sex

Age

Disability

National Origin

In the space below, provide the following information (attach additional pages as needed):

- Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination.
- Describe each incident of discrimination separately.
- Explain how other persons were treated differently by the person/agency who discriminated against you.
- List and identify witness(es) to the incidents or persons who have personal knowledge to information regarding to your complaint.

Have you reported this incident or related acts of discrimination?

Yes

No

If so, please identify to whom you have made the report, the date on which you made the report, and the resolution. Provide/attach any supporting documentation.

If assisted with the complaint process, please provide your advisor's name/contact information.

First Name	MI	Last Name	
Name of Business/Organization	Position/Title	Telephone Number	
Street Address	City	State	Zip

Please sign and date this complaint in order for us to address your allegations. The Discrimination Complaint Consent/Release Form is attached and must also be completed in order to assist us with our investigation. If you are filing a complaint of discrimination on behalf of another person, we will need the person's consent.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature

Date