

## Discrimination Complaint Form

The Corpus Christi Metropolitan Planning Organization (MPO), as a recipient of federal financial assistance and under 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 (361) 884-0687 or e-mail [ccmpo@cctxmpo.us](mailto:ccmpo@cctxmpo.us). Submit signed original forms by mailed or deliver to:

**Corpus Christi Metropolitan Planning Organization**  
**ATTN: Title VI Coordinator**  
**602 N. Staples Street, Suite 300**  
**Corpus Christi, TX 78401**

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.

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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.

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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