

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. 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.*
