

APPENDIX E

TITLE VI COMPLAINT FORM

Any person who believes that he or she or any specific class of persons has been subjected to discrimination that is prohibited by Title VI of the Civil Rights Act of 1964, its amendments and related statutes, by the Pioneer Valley Metropolitan Planning Organization (PVMPO) in its role of planning and programming federal funds may submit a written complaint. This form is available on the PVPC web site and language translations are available upon request.

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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> 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

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes No

If yes, check all that apply:

Federal Agency: _____

Federal Court _____ State Agency _____

State Court _____ 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.

Consent/Release Form for Discrimination Complaints

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

As a complainant, I understand that the MPO may need to disclose my name during the course of the complaint review process to persons other than those conducting the review, in order for the review to be thorough. I am also aware of the obligation of the MPO to honor requests under the Freedom of Information Act: I understand that it may be necessary for the MPO to disclose information, including personally identifying details, which it has gathered as part of the investigation of my complaint. In addition, I understand that as a complainant I am protected by MPO policies and practices from intimidation or retaliation in response to my having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations that are enforced by the MPO.

Please check one:

- I GIVE CONSENT and authorization to the MPO to reveal, insofar as required for an effective investigation, my identity to persons at the organization identified by me in my formal complaint. I also authorize the MPO to discuss, receive, and review materials and information about me with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to sign this release, and do so voluntarily.
- I DENY CONSENT and authorization to the MPO to reveal, in the course of its investigation of my discrimination complaint, my identity to persons at the organization identified by me in my formal complaint, other than those who will be conducting the investigation. I also deny consent to the MPO to disclose any information contained in this complaint to any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the MPO to discuss, receive, and review materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I also understand that my decision to deny consent may impede the investigation of my complaint and may result in an unsuccessful resolution of my case.

Signature and date required below

Signature	Date
-----------	------

Please submit this form in person at the address below, or mail this form to:
Massachusetts Secretary of Transportation, Chair
Pioneer Valley Metropolitan Planning Organization
c/o PVPC Title VI Coordinator
Pioneer Valley Planning Commission
60 Congress Street
Springfield MA 01104