



Grand Forks - East Grand Forks Metropolitan Planning Organization

GRAND FORKS-EAST GRAND FORKS METROPOLITAN PLANNING ORGANIZATION TITLE VI COMPLAINT FORM

PART 1 – COMPLAINANT INFORMATION (Print All Items Legibly.)

Name		Telephone
Street Address/ P.O. Box		E-Mail Address
City	State	Zip Code

PART II – CAUSE OF DISCRIMINATION BASED ON [Check All Appropriate Box(es).]

- Race
 Color
 Sex
 Age
 National Origin
 Disability/Handicap
 Income Status

PART III – THE PARTICULARS ARE: (Include Names, Dates, Places, And Incidents Involved In The Complaint.) [If Additional Space Is Needed, Attach Extra Sheet(s).]

PART IV – REMEDY SOUGHT [State The Specific Remedy Sought To Resolve The Issue(s)]

PART V – VERIFICATION

Complainants Signature _____ Date _____



SUBRECIPIENT INSTRUCTIONS

Name Of Subrecipient The Grand Forks-East Grand Forks Metropolitan Planning Org.		Name Of Subrecipient's Title VI Coordinator Earl Haugen, Executive Director	
Street Address/P.O. Box 255 North 4 th Street, P.O. Box 5200		City Grand Forks	State ND
		Zip Code 58203	
Telephone Number 701-746-2660	Relay North Dakota Telephone Number 711 or 1-800-366-6888	Text Telephone Number (TTY)	

GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, and income status*, 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 **GF-EGF MPO**. Any person or group(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 **GF-EGF MPO** Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries on how to complete this form should be directed to the contact listed above.

PART I

Complete all information in this section.

PART II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

PART III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

PART IV

State the minimum remedy acceptable for resolution of this complaint.

PART V

Sign and date this section to verify the information contained in Parts I through IV.

TITLE VI COMPLAINTS ARE FILED ACCORDING TO THE TITLE VI COMPLAINT PROCEDURE

*Title VI of the Civil Rights Act of 1964 governs race, color, and national origin. Related Nondiscrimination Authorities govern sex, 23 U.S.C. 324; age, 42 U.S.C. 6101; disability/handicap, 29 U.S.C. 790; and low income E.O. 12898.