

Title VI Complaint Form

Before completing this form, please read the Collier MPO's Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at the phone number listed. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone

Numbers: Home _____ Work: _____ Cell: _____

E-mail Address: _____

Date of alleged discrimination: _____

Which of the following best describes the reason you believe the discrimination took place?

Was it because of your: Race/Color: _____ National Origin: _____

Person discriminated against (if someone other than complainant). Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you filed this complaint with any other federal, state, or local agency?

Yes No

If yes, check each box that applies:

Federal Transit Administration

