TITLE VI COMPLAINT FORM

Date Complaint Taken ______________________________________  Tracking No. __________

Name of Complainant ______________________________________

Address _________________________________________________  Phone No. __________

Email Address ____________________________________________

Accessible Format Requirements? Large Print  Audio Tape  TDD  Other __________

Person Discriminated Against (if other than Complainant) __________________________________________

Address _________________________________________________  Phone No. __________

Email Address ____________________________________________

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

Date, Time & Place Incident Occurred __________________________________________

Nature of Complaint  □ Race  □ Color  □ National Origin

Details of Complaint: please 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.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature __________________________________ Date __________

Please submit this form in person, or mail to: Carson Area Metropolitan Planning Organization
Transportation Manager 3505 Butti Way Carson City, NV 89701