



Walla Walla Valley Metropolitan Planning Organization

Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

You must submit your complaint in writing to the WWVMPO/SRTPO Title VI Coordinator. Please mail or deliver to:

Andres Gomez, Title VI Coordinator
Walla Walla Valley MPO/SRTPO
107 South Third Ave.
Walla Walla, WA 99362

Please complete this form to the best of your ability. If you need translation or other assistance, contact Walla Walla Valley MPO Title VI Coordinator.

Name _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Mobile _____

Best time of day to contact you about this complaint: _____

Email: _____

Basis of Complaint (circle all that apply):

Race	Color	National Origin (includes language access)
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Date of alleged incident: _____

Who discriminated against you?

Name _____

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____

Explain what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. If you have any other information about what happened, please attach supporting documentation to the form. (Attach additional pages if more space is needed.)

What remedy are you seeking for the alleged discrimination? Please note that this process will not result in the payment of punitive damages or financial compensation.

List any other persons that we should contact for additional information in support of your complaint. Please list their names, phone numbers, address, email address below.

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____ When _____
Status (pending, resolved, etc.) _____ Result, if known _____
Complaint number, if known _____
Do you have an attorney in this matter? _____

Name (print) _____
Phone _____ Address _____ City _____ Zip _____
Signed _____ Date _____