



OZARKS TRANSPORTATION ORGANIZATION
A METROPOLITAN PLANNING ORGANIZATION

TITLE VI/ADA COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Ozarks Transportation Organization Metropolitan Planning Organization (MPO) if you or your group feels the actions of the MPO have negatively impacted or caused undue burden to either, but not limited to, a specific minority group, disabled individuals, lower-income population, individuals with limited English proficiency, or the traditionally underserved. You are not required to use this form; a letter with the same information is sufficient, however, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

- * 1. State your name and address.

Name: _____
Address: _____
City/State: _____ Zip _____
Telephone No:
Home: (____) _____ Work: (____) _____

- * 2. Person(s) or Group negatively impacted or caused undue burden, if different from above.

Name: _____
Address: _____
City/State: _____ Zip _____
Telephone No:
Home: (____) _____ Work: (____) _____

Please explain your relationship to this person(s).

3. Does your complaint concern discrimination involving disproportionately high and adverse impacts on low income, minority, or limited English proficiency populations, delivery of services or in other ADA discriminatory actions of the MPO in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

___ Race/Color: _____
___ National Origin: _____
___ English Proficiency: _____
___ Sex: _____
___ Religion: _____
___ Age: _____
___ Disability: _____
___ ADA: _____

4. What is the most convenient time and place for us to contact you about this complaint?

5. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint.

Name: _____

Telephone No: (____) _____

6. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

City/State: _____ Zip _____

Telephone No:

Home: (____) _____ Work: (____) _____

* 7. What date(s) did the situation or the undue burden take place?

Date: _____

* 8. Please explain the situation by clearly stating what happened, why you believe it happened, and how the situation has created an adverse or negative impacts for the person(s) filing this complaint. Indicate who was involved. Be sure to include how other persons or groups were treated differently from you or your group. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

9. The laws we enforce prohibit recipients of MPO funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

10. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone Numbers

11. Do you have any other information that you think is relevant to our investigation of your allegations? Please use additional sheets if necessary or attach a copy of written materials.

12. What resolution are you seeking for this particular situation?

13. Have you (or the person(s) that was caused undue burden or experienced negative impacts) filed the same or any other complaints with other agencies such as the Greene County Office of Human Rights, Federal Bureau of Investigation, etc.?

Yes ___ No ___

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Agency: _____

Address: _____

City/State: _____ Zip _____

Telephone No: (____) _____

Date of Filing: _____

Briefly, what was the complaint about?

What was the result?

14. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

___ Federal or State Court

___ Your State Equal Opportunity Office and/or local Office of Human Rights

15. If you have already filed a charge or complaint with an agency indicated in #14, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

- * 16. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

Please mail the completed, signed Discrimination Complaint Form (please make one copy for your records) to:

Ozarks Transportation Organization
Title VI/ADA Coordinator
205 Park Central East, Suite 205
Springfield, MO 65806
417-865-3042 (phone)
417-862-6013 (fax)

17. How did you learn that you could file this complaint?
