

TITLE VI/ADA COMPLAINT FORM



OZARKS TRANSPORTATION ORGANIZATION
A METROPOLITAN PLANNING ORGANIZATION

The purpose of this form is to assist you in filling a complaint with the Ozarks Transportation Organization (OTO), the federally designated metropolitan planning organization (MPO) for the Springfield area, pursuant to nondiscrimination laws, rules, and regulations including, but limited to: Title VI of the Civil Rights Act of 1964 and Executive Order 13166 – Improving Access to Services for Persons with Limited English Proficiency, as well as Title II of the American with Disabilities Act (ADA) of 1991.

Please use this form 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 to file a complaint.

This form is also available in Spanish and can be found on the OTO’s website at:

www.ozarkstransportation.org.

If you need assistance completing this form, please contact us by phone at 417-865-3042 or via email at

dknaut@ozarkstransportation.org.

Complaints of discrimination MUST be filed within 180 calendar days of the date that the alleged discrimination occurred.

Section 1				
Name:				
Address:		City:	State:	Zip Code:
Home phone:		Work phone:		
Electronic mail (e-mail) address:				
Accessible format requirements?	Large print		Audiotape	
	TDD/TTY		other	

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Section 2			
Are you filing this complaint on your own behalf?	Yes*	No	
*If you answered "yes" to this question, go to Section 3			
If you answered "no", please provide the name, address, and relationship of the person for whom you are filing this complaint:	Name:		
	Address:		
	City:	State:	Zip Code:
	Telephone number or electronic mail (e-mail) address:		
	Relationship:		
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, I have permission.	No, I do not have permission.	
Section 3			
I believe the discrimination I experienced was based on (check all that apply):			
Title VI		Other Federal Non-Discrimination Statutes	
Race	Color	National Origin	Gender Age Disability (Title II)
Where did the alleged discrimination take place?			
Date of Alleged Discrimination (Month, Day, Year):			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who you believe discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use a separate page, and attach it to this form.			
Name of agency complaint is against:			
Contact person:			

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Title:
Phone:
Explanation:
How can this/ these issue(s) be resolved to your satisfaction?
What is the most convenient time and place for us to contact you about this complaint?

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Section 4				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?				
Yes		No		
If yes, check all that apply				
Federal Agency (List agency's name):		State Agency (Specify Agency):		County Court (Specify Court and County):
Federal Court (Please provide location):		State Court:		Local Agency (Specify Name):
If you answered "yes" above, please provide information about a contact person at the agency/ court where the complaint was filed:				
Name:		Title:		Agency:
Address:			City:	State:
				Zip Code:
Telephone number or electronic mail (e-mail) address:				
Section 5				
You may attach any written materials or other information that you think are relevant to your complaint. By signing below you acknowledge that the information in this complaint is true and accurate to the best of your knowledge and belief. Signature and date required 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 2208 West Chesterfield Blvd., Suite 101 Springfield, MO 65807 417-865-3042 (phone) 417-862-6013 (fax)				

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You can use this page if you need additional space to provide more information requested on this form.