

APPENDIX A



Title VI Complaint Form

Instructions: If you would like to submit a Title VI complaint to the Midland Odessa Transportation Organization (Permian Basin MPO), please fill out the form below and send it to: Permian Basin MPO, Attn: Title VI Coordinator, P.O. Box 60916, Midland, TX 79711 or fax to 432-617-0165.

For questions and assistance with completing the form, please contact the Permian Basin MPO office at 432-617-0129.

1. Name (Complainant):	
2. Phone:	3. Address:
4. If applicable, name of person(s) who allegedly discriminated against you:	
5. Location and position of person(s) if known:	6. Date of incident:

7. Discrimination of because of:

- Race
- National origin
- Color
- Other

Please specify:

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

[Empty rectangular box for text input]

9. Why do you believe these events occurred?

[Empty rectangular box for text input]

10. What other information do you think is relevant to the investigation?

[Empty rectangular box for text input]

11. How can this/these issue(s) be resolved to your satisfaction?

12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

13. 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

Federal court

State court

Local agency

State agency

If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.

Agency/Court:

Contact's Name:

Address:

Phone number:

Signature (Complainant):

Date of filing: