

Title VI Complaint Form Columbia MPO

This form may be used to file a complaint with the CATSO based on purported violations of Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act of 1990.

You are not required to use this form; a letter that provides the same information is sufficient to file your complaint. If you need assistance completing this form, please contact us by phone at 573-874-7243, or fax 573-874-7546.

Only the complainant or the complainant's designated representative must complete this form.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone:

(Home) _____ (Work) _____ (Fax) _____

Individual(s) discriminated against, if different from above (use additional pages(s) if necessary).

Please explain your relationship to the individual(s) indicated above:

Agency Information

Agency and/or department name that discriminated:

Name of individual, if known: _____

City: State: Zip: _____

Phone:

(Home) (Work) (Fax)

Date(s) of alleged act:

Date discrimination began:

Last or most recent date of discrimination:

Waiver request:

Generally, complaints of discrimination must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed was more than 180 days ago; you may request a waiver of the filing requirement. [Example: Write you wish to request a waiver followed by an explanation of why you waited until now to file your complaint.]

Alleged discrimination:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the bases on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the line labeled race/color and write African American in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the line labeled sex and write female in the space provided.

Race/Color	_____	Religion	_____
National Origin	_____	Age	_____
Sex	_____	Disability	_____
Income	_____		

Explain:

Please explain as clearly as possible what happened. Provide the name(s) of witnesses and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written materials pertaining to your case.)

Signature

Date

Note: The laws observed by this department prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

CATSO
Title VI/ADA Coordinator
701 East Broadway
Columbia, MO 65201
573-874-7239