



## TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the North Front Range Metropolitan Planning Organization (NFRMPO) for alleged violations of Title VI of the Civil Rights Act of 1964. **If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (970) 416-2257 or via FAX (970) 416-2406.** Upon request this document will be made available in alternative formats.

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

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE

FAX

**Individual(s) discriminated against, if different from above (use additional page(s) if necessary):**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE

FAX

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

**Name of Agency and department or program that discriminated:**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

FAX

**Date(s) of alleged discrimination:**

DATE DISCRIMINATION BEGAN

LAST OR MOST RECENT DATE OF DISCRIMINATION

**Alleged discrimination:**

Complaints should be filed within 180 calendar days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within the 180 calendar day period, you have 60 calendar days after you became aware to file your complaint.

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 box labeled *race/color* and write *African American* in the space provided.

- Race \_\_\_\_\_
  Disability \_\_\_\_\_  
 Color \_\_\_\_\_  
 National Origin \_\_\_\_\_

**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 enforced by this department prohibit retaliation or intimidation against anyone because that 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:*

Becky Karasko, Title VI Coordinator  
 North Front Range Metropolitan Planning Organization  
 419 Canyon Avenue, Ste 300 Fort Collins, CO 80521  
 Telephone: (970) 416-2257  
 Fax number: (970) 416-2406  
 E-mail: [bkarasko@nfrmpo.org](mailto:bkarasko@nfrmpo.org)