Discriminatory Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the Jackson Metropolitan Planning Organization (MPO). You are not required to use this form; a letter containing the same information may be used as well. For assistance or questions regarding filing a discriminatory complaint contact the Jackson MPO Title VI Coordinator at (601) 981-1511.

Complainant									
Name:	First				Middle Initial		Last		
Address:	Street								
-	City					State		Zip Code	
Telephone:	Hom	ie: ()			Cell: ()		
Email:									
Does an attorne If yes, please co			-		nt?	Yes			No
Attorney Name	: _								
Attorney Contain Information:	ct _								
		Street A	aaress						
	_	City				State		Zip Code	
	_	(Phone)		Email				
		THORE			Linuii				
Discriminatory	y Cor	mplain	nt						
Complainant alleges Title VI violation is based on:									
Race			Color	<u> </u>	Natio	onal Origin	1		
To the best of your knowledge, on what date(s) did the alleged discrimination take place?									

you believe was responsible. (Please print or type and use additional sheets if necessary, to clearly describe the alleged violation. You may attach any additional information you think is relevant to your complaint to this form.)							

		Yes No					
If Yes, what is the status of the grievance?							
Have you filed a complaint of the alleged Title VI viola state, or other local agency; or with a state or federal	Yes No						
If Yes, please provide the name of the agency or cour	t where you filed your	complaint:					
Signature							
All complaints should be signed and filed in writing w	ithin 180 days from the	e last date of the alleged					
discrimination.	itiiii 180 aays ji oiii tiie	e last date of the dileged					
Signature of Complainant		Date					
Signature of Complainant Complaints may be filed by mail, fax, in-person	n, or by email using the in						
Complaints may be filed by mail, fax, in-persor	<u>Fax:</u>	nformation below. Email:					
Complaints may be filed by mail, fax, in-persor		nformation below.					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location:	Fax: (601)981-1515 Office Hours:	nformation below. Email:					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m.	nformation below. Email:					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m.	nformation below. Email: mpo@cmpdd.org					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard Pearl, MS 39208	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Frida	nformation below. Email: mpo@cmpdd.org					
Complaints may be filed by mail, fax, in-person Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard Pearl, MS 39208 Internal Use Only	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Frida Coordinator: hom:	nformation below. Email: mpo@cmpdd.org					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard Pearl, MS 39208 Internal Use Only Date complaint received by the Jackson MPO Title VI Date complaint forwarded for investigation and to w	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Frida Coordinator:	nformation below. Email: mpo@cmpdd.org					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208	<u>Fax:</u> (601)981-1515	nformation below. Email:					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard Pearl, MS 39208 Internal Use Only Date complaint received by the Jackson MPO Title VI	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Frida Coordinator: hom:	nformation below. Email: mpo@cmpdd.org					
Complaints may be filed by mail, fax, in-persor Mail: CMPDD, MPO Title VI Coordinator 1020 Centre Pointe Boulevard Pearl, MS 39208 Office Location: 1020 Centre Pointe Boulevard Pearl, MS 39208 Internal Use Only Date complaint received by the Jackson MPO Title VI	Fax: (601)981-1515 Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Frida Coordinator: hom:	nformation below. Email: mpo@cmpdd.org					