



METROPOLITAN PLANNING ORGANIZATION

SERVING LAS CRUCES, DOÑA ANA COUNTY, AND MESILLA

P.O. BOX 20000 | LAS CRUCES NM | 88004

PHONE (575) 528-3222 | FAX (575) 528-3155

<http://mvmpo.las-cruces.org>

MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT FORM

The Mesilla Valley Metropolitan Planning Organization (MVMPO) serves as the federally designated Metropolitan Planning Organization (MPO) for the Las Cruces Urbanized Area. As a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, the MVMPO will ensure that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in agency programs or activities. These prohibitions extend from participation in, being denied the benefits of, or otherwise being subjected to discrimination under any agency programs or activities. These prohibitions extend from the MVMPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g. contractors, consultants, local governments, colleges, universities, etc.) All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements.

MVMPO is required to implement measures to ensure that persons with limited-English proficiency or disability have meaningful access to the services, benefits, and information of all its programs and activities under Executive Order 13166. Upon request, assistance will be provided if you are limited-English proficient or disabled. Complaints may be filed using an alternative format if you are unable to complete the written form.

The filing date is the day you complete, sign, and mail this complaint form. Your complaint must be filed no later than 180 calendar days from the most recent date of the alleged act of discrimination. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for information. Failure to do so will result in the closure of complaint.

Submit the forms by mail to:

Mesilla Valley Metropolitan Planning Organization

C/O Tom Murphy, MPO Officer

P.O. 20000

Las Cruces, NM 88004

If you have any questions or need additional information, please call (575) 528-3043 or e-mail mpo@las-cruces.org.

Please review the information on this page carefully before filling out the complaint form.



METROPOLITAN PLANNING ORGANIZATION

SERVING LAS CRUCES, DOÑA ANA COUNTY, AND MESILLA

P.O. BOX 20000 | LAS CRUCES NM | 88004

PHONE (575) 528-3222 | FAX (575) 528-3155

<http://mvmpo.las-cruces.org>

MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT FORM

Please review the information on the cover page carefully before you begin.

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Telephone Number

Email Address

Who do you believe discriminated against you?

First Name, Middle Initial, Last Name, Position in Organization

Name of Business/Organization

Street Address

City

State

Zip Code

When did the alleged act(s) of discrimination occur? Please all dates in mm/dd/yyyy format.

Date(s)

Is the alleged discrimination on-going? Yes (Sí) No

Where did the alleged act(s) of discrimination occur? (Attach additional pages as necessary.)

Name of Location

Indicate the basis of your grievance of discrimination.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Race: | <input type="checkbox"/> Color: |
| <input type="checkbox"/> National Origin: | <input type="checkbox"/> Sex: |
| <input type="checkbox"/> Age: | <input type="checkbox"/> Disability: |
| <input type="checkbox"/> Religion: | |

Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination.

(Describe each incident of discrimination separately. Attach additional pages as necessary.)

Please explain how other persons or groups were treated differently by the person(s)/agency who discriminated against you.

Please list and describe all documents, emails, or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents or persons who have personal knowledge of information pertaining to your complaint.

Have you previously or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report, and the resolution. Please provide any support documentation.

Please provide any additional information about the alleged discrimination.

If an advisor will be assisting you in the complaint process, please provide his/her contact info

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

Telephone Number

Email Address

This complaint form must be signed and dated in order to address your allegations. Additionally, this office will need your consent to disclose your name, if needed, in the course of our investigation. The Discrimination Complaint Consent/Release form is attached. If you are filing a complaint of discrimination on behalf of another person, our office will also need this person's consent.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Signature (Firma)

Date (Fecha)



METROPOLITAN PLANNING ORGANIZATION

SERVING LAS CRUCES, DOÑA ANA COUNTY, AND MESILLA

P.O. BOX 20000 | LAS CRUCES NM | 88004
PHONE (575) 528-3222 | FAX (575) 528-3155
<http://mvmpo.las-cruces.org>

MESILLA VALLEY METROPOLITAN PLANNING ORGANIZATION DISCRIMINATION COMPLAINT CONSENT/RELEASE FORM

Please review the information on this page carefully before you begin.

First Name, Middle Initial, Last Name

Street Address

City

State

Zip Code

As a complainant, I understand that in the course of an investigation it may become necessary for the Mesilla Valley Metropolitan Planning Organization to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the Mesilla Valley Metropolitan Planning Organization to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation from having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Federal Highway Administration (FHWA) of the U.S. Department of Transportation.

Please check one:

- I CONSENT** and authorize the Mesilla Valley Metropolitan Planning Organization (MVMPO), as part of its own investigation, to reveal my identity to persons at the organization, business, or institution, which has been identified by me in my formal complaint of discrimination. I also authorize MVMPO to discuss, receive, and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily.
- I DENY CONSENT** to the MVMPO to reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have MVMPO disclose my information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing MVMPO to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny my consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature (Firma)

Date (Fecha)