

# Mesilla Valley Metropolitan Planning Organization

## Title VI Complaint Form

<b>Section I</b>	
Name:	
Address:	
Telephone (Home/Cell):	Telephone (Work):
Email Address:	
<b>Section II</b>	
Are you filing this complaint on your own behalf: Yes <input type="checkbox"/> No <input type="checkbox"/>	
*If you answered "yes" to this question, go to Section III.	
If you answered "no" please enter the name and relationship of the person you are filing the complaint against:	Name:
	Relationship:
If you are filing a complaint as a third party, please explain why in the space below:	
Have you obtained permission of the aggrieved party if you are filing on behalf of a third party: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Section III</b>	
I believe the discrimination I experienced was based on (check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
Date of Alleged Discrimination (Month, Day, Year):	Date:
Explain, as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and	

contact information of any witnesses. If more space is needed please attach additional sheets to this form:

**Section IV**

Have you previously filed a Title VI complaint)? Yes  No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes  No

If yes, please check and name all that apply:

Federal Agency: \_\_\_\_\_

Federal Court: \_\_\_\_\_

State Agency: \_\_\_\_\_

State Court: \_\_\_\_\_

Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form in person at the address below, or mail form to:

Mesilla Valley Metropolitan Planning Organization  
c/o Andrew Wray, Interim MPO Officer  
P.O. Box 20000  
Las Cruces, NM 88004