

WAMPO
Title VI Discrimination Complaint Form

This form may be used to file a complaint with the Wichita Area Metropolitan Planning Organization (WAMPO) pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," or Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency.

If you need assistance completing this form or need it to be provided in an alternate language or alternate format due to a disability, please contact us by phone at (316)-268-4315 or by fax (316) 268-4390 and ask for the Title VI Coordinator.

Complaints of discrimination must be filed within 180 days of the alleged discrimination.

This form **MUST** be completed by the complainant or the complainant's designated representative. Feel free to add additional pages if necessary.

Complainant's Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of person completing this form, if different from above:

Your relationship to the complainant indicated above:

Alleged Discrimination – Details of Complaint:

I. Identify the agency, department or program that discriminated:

Agency and/or department name: _____

Name of any individual, if known: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____

Date(s) of alleged act: _____

Date alleged discrimination began: _____

Last or most recent date of alleged discrimination: _____

II. What is the basis for this 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 basis on which you believe these discriminatory actions were taken. For 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.

Check all that apply:

Race _____

Color _____

National Origin _____

III. Explain what happened:

Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, and others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint.)

IV. How can this/these issue(s) be resolved to your satisfaction?

V. What is the most convenient time and place for us to contact you about this complaint?

VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:

Name: _____

Phone Number: _____

VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:

Name of Attorney: _____

Address: _____

Telephone number: _____

Signature

Date

Note: The laws enforced by this agency 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:

Wichita Area Metropolitan Area Planning Organization

Attn: Title VI Coordinator

455 N. Main – 10th Floor

Wichita, Kansas 67202

Phone: (316) 268-4315 or Fax: (316) 268-4390

E-Mail: wampo@wichita.gov