

Corvallis Area Metropolitan Planning Organization Title VI Complaint Form

The Corvallis Area Metropolitan Planning Organization (CAMPO), as a recipient of federal financial assistance, is required to ensure that all of its activities and any benefits from these activities are conducted in a manner consistent with Title VI of the Civil Rights Act of 1964, as amended. Any person who believes that he or she has been subjected to discrimination under any of CAMPO's programs or activities based on their race, color, national origin, limited English proficiency, sex, income, age or disability may file a written complaint with the MPO.

Complainant

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Person discriminated against (if other than the complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Were you discriminated against because of your:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Income | |

Date and Time of Alleged Incident: _____

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved and any MPO projects, plans or programs that may have led to the situation you are describing. Be sure to include the names and contact information of any persons with knowledge of the alleged discrimination. If more space is needed, please use additional pages.

Have you filed this complaint with any other federal, state or local agency or with any court?

- Yes
- No

If yes, check and identify all that apply:

- Federal Agency _____
- Federal Court _____
- State Agency _____
- State Court _____
- Local Agency _____

Please provide information for a contact person at the Agency or Court where the complaint was filed.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Please sign below. You may attach any additional written materials or other information you believe is relevant to your complaint.

Signature: _____ Date: _____

Please submit this signed form to and any attachments to:

Corvallis Area MPO Title VI Coordinator
Oregon Cascades West Council of Governments
1400 Queen Ave SE, Suite 205
Albany OR 97322