



## TITLE VI COMPLAINT FORM

(A COMPLAINT MUST BE FILED WITHIN 180 DAYS AFTER THE DATE OF THE ALLEGED DISCRIMINATION)

INSTRUCTIONS: If you would like to submit a Title VI Complaint (you feel you have been discriminated against on the grounds of race, color, national origin or physical/mental disability) to the Cheyenne Metropolitan Planning Organization (MPO), please complete the form below and return to:

**Director Cheyenne MPO**  
**Attention Title VI,**  
**2101 O'Neil Avenue #304**  
**Cheyenne, WY 82001**

For questions, please contact the MPO at (307) 638-4385. Please be sure to sign this form as it will not be accepted without your signature. This document is available in accessible formats (e.g., large print, electronic) upon request. *Un formulario en espanol esta disponible a petición. Gracias.*

<b>1. Name (Complainant):</b>	
<b>2. Phone:</b>	<b>3. Home address (city, state, zip):</b>
<b>4. If applicable, name of person(s) who allegedly discriminated against you:</b>	
<b>5. Location and position of person(s) if known:</b>	<b>6. Date of incident</b>
<b>7. Discrimination because of:</b> <ul style="list-style-type: none"> <li>• Race</li> <li>• Color</li> <li>• National origin</li> <li>• Other</li> </ul> <div style="text-align: right; margin-top: 10px;"><b>Please specify:</b></div>	
<b>8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.</b>	
<b>9. Why do you believe these events occurred?</b>	
<b>10. What information do you think is relevant to the investigation?</b>	

<b>11. How can this/these issue(s) be resolved to your satisfaction?</b>	
<b>12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):</b>	
<b>Name:</b>	<b>Address:</b>
<b>Phone number:</b>	
<b>13. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?</b>	
Yes ____ No ____	
<b>If yes, check all that apply:</b>	
<input type="checkbox"/> Federal agency	<input type="checkbox"/> Federal court
<input type="checkbox"/> Local agency	<input type="checkbox"/> State court
<input type="checkbox"/> State agency	
<b>If filed at an agency and/or court, please provide information about a contact person at the agency/court where the complaint was filed.</b>	
<b>Agency/Court:</b>	<b>Contact's Name:</b>
<b>Address:</b>	<b>Phone number:</b>
<b>Signature (Complainant):</b>	<b>Date of filing:</b>