

Saint Cloud Area Planning Organization Title VI Complaint Form

<b>Part I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Part II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Part III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
[ ] Race [ ] Color [ ] National Origin [ ] Other (please explain)				
Date of Alleged Discrimination (Month, Day, Year):				

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 names and contact information of any witnesses. If additional space is needed, please attach extra sheet(s).

**Part IV**

Remedy Sought [State the specific remedy sought to resolve the issue(s).]

**Part V**

Have you previously filed a Title VI complaint with this agency?	Yes	No
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**Part VI**

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

If yes, check 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: \_\_\_\_\_

**Part VII**

Name of agency complaint is against: \_\_\_\_\_

Contact person:
Title:
Telephone number:
<b>Part VIII</b>
<p>You may attach any written materials or other information that you think is relevant to your complaint.</p> <p>Signature and date required below:</p> <p>Signature _____ Date _____</p>

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

Saint Cloud Area Planning Organization  
 Title VI Coordinator  
 1040 County Road 4  
 Saint Cloud, MN 56303

# INSTRUCTIONS

## GENERAL

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, and income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the Saint Cloud Area Planning Organization (APO). Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the Saint Cloud APO Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All complaint forms must be submitted to: Saint Cloud APO, attn.: Title VI Coordinator, 1040 County Road 4, Saint Cloud, MN 56303.

**PART I:** Complete all information in this section.

**PART II:** Check applicable box.

**PART III:** Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based, at least, on the listed categories. Enter the date of the alleged discrimination. State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

**PART IV:** State the minimum remedy acceptable for resolution of this complaint.

**PART V:** Check applicable box.

**PART VI:** Check box(es) that apply and provide information if applicable.

**PART VII:** Complete information if applicable.

**PART VIII:** Sign and date this section to verify the information contained in Parts I through VII.

## Complaints filed with the U.S. Department of Transportation

Discrimination complaints based on race, color, national origin, may be filed with the Secretary, U.S. Department of Transportation, Room 4132, 400 Seventh St. SW, Washington, D.C. 20590. The complaint **must** be filed, in writing, no later than one hundred eighty (180) days after the date of the alleged discrimination, unless the time for filing is extended by the Secretary of the U.S. Department of Transportation.