

Title VI Non-Discrimination Complaint Form

This form may be used to file a complaint with the Omaha-Council Bluffs Metropolitan Area Planning Agency (MAPA) pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" and the Americans with Disabilities Act of 1990.

If you need assistance completing this form, please contact us by phone at 402-444-6866, and ask for a Title VI Coordinator or email civilrights@mapacog.org.

Feel free to add additional pages if necessary. You are not required to use this form; a signed letter that provides the same information is sufficient to file your complaint.

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.

Complainant's Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (home/work) _____ (cell) _____

Email: _____

Name of the 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 Code: _____

Phone: (Work) _____

Date(s) of the 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.

Example: If you believe that you are discriminated against because you are African American, you would mark the box labeled "Race/Color" and write "African American" in the space provided.

Example: If you believe the discrimination occurred because you are female, you would mark the box labeled "Gender" and write "female" in the space provided.

Check all that apply:

- Race/Color_____
- Religion_____
- National Origin_____
- Age_____
- Gender_____
- Disability_____

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 are not 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: _____

Telephone 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: (____)_____

Email: _____

Your Signature

Date

Signature of Legal Representative

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:

*Title VI Coordinator
Omaha-Council Bluffs Metropolitan Area Planning Agency
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Omaha, NE 68102
Phone: (402) 444-6866
Email: civilrights@mapacog.org*