

Appendix D – Title VI Complaint Form

The Greater Madison Metropolitan Planning Organization (MPO) and the City of Madison, as its administrative and fiscal agent, assure that no person shall be excluded on the grounds of race, color, national origin, disability, sex, age, religion, income status, or limited English proficiency (LEP) as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

Furthermore, Madison General Ordinance (M.G.O.) Sec. 39.02(8) mandates the execution of this operational requirement. The MPO and the City of Madison further assure every effort will be made to ensure nondiscrimination in all of its federally funded program activities.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin may file a complaint with the MPO or with the City of Madison Department of Civil Rights.

The purpose of this form is to assist persons in filing a complaint. Use of this form is not required. A letter or e-mail with the same information is sufficient.

Letters or completed complaint forms can be mailed to:

Greater Madison MPO
Attn: Title VI Complaint
100 State Street, Suite 400
Madison, WI 53703

City of Madison Department of Civil Rights
Attn: Title VI Complaint
210 Martin Luther King, Jr. Blvd., Room 523
Madison, WI 53703

Complaints can also be e-mailed to Greater Madison MPO at mpo@cityofmadison.com or to the City of

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="radio"/> Large Print	<input type="radio"/> TDD or Relay	<input type="radio"/> Audio Recording	<input type="radio"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

Madison Department of Civil Rights at dcr@cityofmadison.com.

Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>

State <input type="text" value="Click or tap here to enter text."/>	Zip Code <input type="text" value="Click or tap here to enter text."/>
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Email Address <input type="text" value="Click or tap here to enter text."/>

Are you filing this complaint on your own behalf?	<input type="radio"/> Yes	<input type="radio"/> No
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If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below.

<input type="text" value="Click or tap here to enter text."/>

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="radio"/> Yes	<input type="radio"/> No
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Section C: Type of Comment

What type of comment are you providing? Please check which category best applies.

<input type="radio"/> Complaint	<input type="radio"/> Suggestion	<input type="radio"/> Compliment	<input type="radio"/> Other
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Which of the following describes the nature of the comment? Please check one or more of the check boxes.

<input type="radio"/> Race	<input type="radio"/> Color	<input type="radio"/> National Origin	<input type="radio"/> Religion
<input type="radio"/> Age	<input type="radio"/> Sex	<input type="radio"/> Service	<input type="radio"/> Income Status
<input type="radio"/> Limited English Proficient (L.E.P)	<input type="radio"/> Americans with Disability Act (A.D.A)		

Section D: Comment Details

Please answer the questions below regarding your comment

What was the date of the occurrence?	<input type="text" value="Click to add date in the following format: Day, month, year"/>
What was the time of the occurrence?	<input type="text" value="Click to add the time"/>
What is the name or identification of the employee or employees involved?	<input type="text" value="Click or tap here to enter text."/>
What is the name or identification of others involved, if applicable?	<input type="text" value="Click or tap here to enter text."/>
Where was the location of the occurrence?	<input type="text" value="Click or tap here to enter text."/>
Was the use of a mobility aid involved in the incident?	<input type="radio"/> Yes <input type="radio"/> No

Please add any additional descriptive details about the incident.	Click or tap here to enter text.
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In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.

Click or tap here to enter text.

Section E: Follow-up

May we contact you if we need more details or information?	<input type="radio"/> Yes	<input type="radio"/> No
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If yes, how would you best liked to be reached? Please select your preferred form of contact below

<input type="radio"/> Phone	<input type="radio"/> Email	<input type="radio"/> Mail
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If you would prefer to be contacted by phone, please list the best day and time to reach you.

Click here to add your preferred time	Click here to add your preferred day
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Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

Click or tap here to enter text.

If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Click or tap here to enter text.

You may attach additional written materials or other information that may be relevant to your complaint.

Section G: Previous Title VI Complaints

Have you previously filed a Title VI complaint with this agency?	<input type="radio"/> Yes	<input type="radio"/> No
Have you filed a complaint with any other federal, state, or local agencies?	<input type="radio"/> Yes	<input type="radio"/> No

If so, list agency/agencies and contact information below.

Contact Name: _____
 Agency: _____

 Street Address: _____
 Phone: _____

Contact Name: _____
 Agency: _____

 Street Address: _____
 Phone: _____

Section H: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the Greater Madison MPO.

Name

Date:

Signature

A person may also file a complaint directly with the Federal Transit Administration (FTA), at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact the City of Madison's Civil Rights Department at (608) 266-4910.

Si se necesita información en otro idioma, póngase en contacto con la Ciudad de Departamento de Derechos Civiles de Madison al (608) 266-4190.

(<http://www.greatermadisonmpo.org/about/civilrightsespanol.cfm>)

Yog tias cov lus qhia uas yuav tsum tau nyob rau hauv lwm yam lus, ces hu mus rau lub nroog ntawm Madison lub Civil Rights Department ntawm (608) 266-4190.

(<http://www.greatermadisonmpo.org/about/civilrightshmn.cfm>)

如果信息是需要另一种语言，然后致电 (608) 266-4190 市的麦迪逊民权处

(<http://www.greatermadisonmpo.org/about/chinese.cfm>)

Greater Madison MPO's Notice to the Public, information about the MPO's Title VI and ADA obligations, complaint procedure, and complaint form are posted on the agency's Website

(<http://www.GreaterMadisonMPO.org/about/civilrights.cfm>) in English or at the web addresses above for Spanish, Hmong, and Traditional Chinese, and on the bulletin board in the agency office reception area.

Office use

Date Received:	Received By:
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