The Madison Area Transportation Planning Board (MATPB) and the City of Madison, as its administrative and fiscal agent, assure that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) be excluded 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 Madison Area TPB 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 Madison Area TPB 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:

Madison Area Transportation Planning Board 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 the Madison Area Transportation Planning Board at mpo@cityofmadison.com or to the City of Madison Department of Civil Rights at decemplaints can also be e-mailed to the Madison Area Transportation Planning Board at mpo@cityofmadison.com or to the City of Madison Department of Civil Rights at decemplaints can also be e-mailed to the Madison Area Transportation Planning Board at mpo@cityofmadison.com or to the City of Madison Department of Civil Rights at decemplaints at <a href="mail

Your Name:		
Your Street Address	: City, State, Zip	
Telephone (Home/C	ell):	Telephone (Work):
E-mail Address:		
Person(s) discrimina	ited against (if other than co	omplainant): List all names:
Street Address, City,	State, Zip:	
Which of the following	best describes the reason t	the alleged discrimination took place? (Check one):
Race	Color	National Origin (Limited English Proficiency)
Date of Incident:		<u></u>
persons who were invo	•	Explain what happened, how you were discriminated against, and all he person(s) who discriminated against you (if known), as well as the

		_		
ou may attach additional written materia	als or other information that may be relevant to	your comple	aint.	
Have you previously filed a Title VI complaint with this agency? (Check one):			No	
Have you filed a complaint with any other	federal, state, or local agencies? (Check one):		Yes	
f so, list agency/agencies and contact info	ormation below.			
Contact Name:	Contact Name:			
Agency:	Agency:			
	Street Address:			
Street Address:				
Street Address:				
Phone:	Phone:			1 h
Phone:	Phone: Tge and that it is true to the best of my knowle	edge, inforr		d be
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Phone: I affirm that I have read the above char Complainant's Signature:	Phone: Tge and that it is true to the best of my knowle	edge, inforr		d be
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