



Title VI Complaint Form

Adopted by Mid-MO RPC Board:

Mid-Missouri Regional Planning Commission (Mid-MO RPC) operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act, and operates its programs and services without discrimination against individuals with disabilities, in accordance with the Americans with Disabilities Act of 1990.. Any person who believes she or he has been subjected to any unlawful discriminatory practice under Title VI may file a complaint with Mid-MO RPC.

Translation of Notice to the Public of Rights Under Title VI is provided on the Mid-MO RPC website at <https://midmorpc.org/about/your-rights-under-title-vi/> for Spanish. For other language assistance, please call (573) 657-9779 to speak with an interpreter. You have the right to receive language assistance to access Mid-MO RPC services and documents, free of cost.

Traducción de aviso para el público derechos de bajo título VI se proporciona en el sitio web de Mid-MO RPC <https://midmorpc.org/about/your-rights-under-title-vi/> para español. Para otro ayuda con el idioma, por favor llame al (573) 657- 9779 para hablar con un intérprete. Usted tiene el derecho de recibir ayuda con el idioma para acceder a servicios de Mid-MO RPC y documentos, libres de costo.

In order to process your complaint, please complete this form and send to the Mid-MO RPC address at the end of this form.

Section I:				
Name:				
Address:				
Telephone (Home/Cell):			Telephone (Work):	
Email:				
Accessible Format Requirements	Large Print		Audio Tap	
	TTY/TTD		Other	
Section II:				
Are you filing this complaint on your own behalf?		Yes*	No	
*If you answered "Yes" to this question, go to Section III.				
If No, please supply the name and relationship of the person for whom this complaint is being submitted:				

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the discriminated party if you are filing on behalf of a third party.	Yes	No
---	-----	----

Section III:

I believe the discrimination I experienced was based on (check all that apply):
 Race Color National Origin Disability
 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 more space is needed, please use the back of this form.

Section IV:

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

Section V:

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: (Please list agency, court, or county's name)
 Federal Agency State Agency
 Federal Court County Court
 State Court Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

Name:
Address:
Title:
Agency:
Address:
Telephone:

Section VI:
Name of agency complaint is against:
Contact person:
Title:
Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

This complaint shall be sent to the following address:

Mail: David Bock, Executive Director, Mid-MO RPC
PO Box 140
Ashland, MO 65010

Telephone: (573) 657-9779

Email: davidbock@midmorpc.org