



REGIONAL TRANSPORTATION COMMISSION

Metropolitan Planning • Public Transportation & Operations • Engineering & Construction

Metropolitan Planning Organization of Washoe County, Nevada

TITLE VI COMPLAINT FORM

Section I:					
Name:					
Address:					
Home Phone:		Work Phone:			
Electronic Mail Address:					
Accessible Format Requirements?	Large Print			Audio Tape	
	TDD			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 not, please supply the name and relationship of the person for whom you are complaining:	Name:				
	Relationship:				
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
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
	Race		Color		National Origin
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.

Section IV:

Have you previously filed a Title VI complaint with this agency?	Yes		No	
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Section V:

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	Yes		No	
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If yes, check all that apply:

<input type="checkbox"/>	Federal Agency:	
<input type="checkbox"/>	Federal Court:	
<input type="checkbox"/>	State Agency:	
<input type="checkbox"/>	State Court:	
<input type="checkbox"/>	Local Agency:	

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

Name:	
Title:	
Agency:	
Address:	
Phone:	

Section VI:

Name of Agency complaint is against:	
Contact Person:	
Title:	
Phone 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

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

**Regional Transportation Commission
 Director of Administrative Services
 1105 Terminal Way
 Reno, NV 89502**