



TITLE VI COMPLAINT FORM

Staff Use Only

Date of Complaint Received: _____

Tracking No. _____

All Title VI complaints shall be investigated and addressed with a formal written response within **90 days** of the date the complaint is received. If more information is needed to resolve the case, CAMPO may contact the complainant. The complainant has 30 days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 30 days, CAMPO can administratively close the case. A case can be administratively closed if the complainant no longer wishes to pursue their case.

---Additional Information available in Title VI Complaint Procedures---

Name of Complainant: _____

Address: _____ City/State: _____

Email Address: _____ Phone Number: _____

Accessible Format Requirements? Large Print ☐ Audio Tape ☐ TDD ☐ Other ☐ _____

Person Discriminated Against (if other than Complainant): _____

Address: _____ Phone Number: _____

Email Address: _____

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 ☐

Date, Time & Place Incident Occurred: _____

Nature of Complaint:

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐ Disability ☐ LEP

Other: _____

Details of Complaint: please 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.

Date & Time Discrimination Occurred: _____

Place Incident Discrimination Occurred: _____

Were there any other witnesses to the discrimination?

Name	Organization/Title	Telephone

How would you like to see this situation resolved?

Have you filed your complaint, grievance, or lawsuit with any other agency or court?

Who _____

When _____

Status (pending, resolved, etc.) _____

Result, if known _____

Complaint number, if known _____

Have you filed a lawsuit regarding this complaint? Yes _____ No _____

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, or mail to:

Carson Area Metropolitan Planning Organization
Transportation Manager
3505 Butti Way Carson City, NV 89701

Complaint Taken By _____

INVESTIGATION _____

ACTION RECOMMENDED _____

By _____

RECORD OF FINAL ACTION _____

By _____