



## 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: \_\_\_\_\_

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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.

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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?

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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 \_\_\_\_\_