

**TITLE VI Complaint Form**

The complaint must be filed no later than 180 calendar days from the most recent date of the alleged discrimination. The filing date is the day you complete, sign, and mail this complaint form. The complaint form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint. For assistance, email skeen@victoriatx.gov or call (361) 485-3360. Submit signed original forms by mail or deliver to:

**Victoria Metropolitan Planning Organization  
Attention: Stephen Keen  
700 N Main Street Victoria,  
P.O. Box 1758  
TX 77902**

**Your contact information:**

\_\_\_\_\_  
First MI Last Name

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Telephone Number Email address

**Who do you believe discriminated against you?**

\_\_\_\_\_  
First MI Last Name

\_\_\_\_\_  
Name of Business/Organization Title

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Telephone Number Email address

**When did the alleged act of discrimination occur? List all dates.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the alleged discrimination ongoing? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did it occur? \_\_\_\_\_  
\_\_\_\_\_

**Indicate the basis of your discrimination grievance.**

Race: \_\_\_\_\_ Color: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Disability: \_\_\_\_\_ National Origin: \_\_\_\_\_

**Describe in detail the specific incident that is the basis of the alleged discrimination. List and identify any witnesses to the incidents or persons having personal knowledge of the incident.**

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Have you reported this incident or related acts of discrimination? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify to whom you made the report, the date of the report, and the outcome. Attach any supporting documentation.

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If someone assisted with the complaint process, please provide their information below.

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First MI Last Name

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Street Address, City, State, Zip

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Telephone Number Email address

**Please sign and date this complaint in order for us to address your allegations. Please note that by signing this complaint you also consent to authorize the MPO as part of its investigation to reveal your identity to those identified in this complaint in order to receive documents/information for the purpose of investigating the complaint.**

**I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.**

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Signature

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Date