

## **BMPO Title VI Complaint Form**

<b>Complainant's Information:</b>  Name  Address  City/State/Zip Code  Telephone Number	<b><u>Person Discriminated Against</u></b> (if someone other than complainant):  Name  Address  City/State/Zip Code  Telephone Number
Which of the following best describes the reason you believe the discrimination took place?  Race/Color:                      National Origin:                      Sex: Disability:                      Age:                      Income:	
On what date (s) did the alleged discrimination take place?	
Describe the alleged discrimination. Explain what happened and who you believe was responsible (if additional space is needed, add a sheet of paper).	
List names and contact information of persons who may have knowledge of the alleged discrimination.	
Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? Circle all that apply. <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Federal agency</span> <span>State agency</span> <span>Local agency</span> </div> <div style="display: flex; justify-content: space-around; text-align: center;"> <span>Federal court</span> <span>State court</span> </div>	
Please provide contact information for the agency/court where the complaint was filed.	
Name  Address	City/State/Zip Code  Telephone Number

Please sign below. You may attach any other information that you think is relevant to your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit form and any additional information to: Andrea Napoli, AICP Bend Metropolitan Planning Organization 709 NW Wall Street, Suite 102 Bend, Oregon 97701	Phone: (541) 323-8545 Email: <a href="mailto:anapoli@bendoregon.gov">anapoli@bendoregon.gov</a> <a href="http://www.bendmpo.org">http://www.bendmpo.org</a>
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