

**Capital Area Metropolitan Planning Organization
Title VI Civil Rights
Complaint Form**

Any person who believes that he or she, or any specific class of persons, has been subjected to discrimination or retaliation prohibited by the Title VI of the Civil Rights Act of 1964 may file a written complaint. All formal complaints received by the Capital Area Metropolitan Planning Organization (CAMPO) shall be forwarded to the Civil Rights Officer for the City of Jefferson, Missouri.

Section I

Name: _____

Address: _____

City/State/Zipcode: _____

Telephone Numbers:

(Home) _____ (Work) _____

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:

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 ___

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

Section III

Have you filed this complaint with any of the following agencies?

Transit Provider _____ Missouri Department of Transportation _____ City of Jefferson _____

Federal Highway Administration _____ Federal Transit Administration _____

Other _____

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

If yes, please provide a copy of the complaint form.

[Note: This above information is helpful for administrative tracking purposes. However, if litigation is pending regarding the same issues, we defer to the decision of the court.]

Section IV

Name of agency that the complaint is against:

Contact person: _____ Title: _____

Telephone number: _____

On separate sheets, please describe your complaint. You should include specific details such as names, dates, times, route numbers, witnesses, and any other information that would assist us in our investigation of your allegations. Please also provide any other documentation that is relevant to this complaint.

Section V

May we release a copy of your complaint to agency that the complaint is against? Yes _____ No _____

May we release your identity to the agency that the complaint is against? Yes _____ No _____

Sign here: _____

Date: _____

[Note - your complaint cannot be accepted without a signature.]

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Please mail your completed form to:

Capital Area MPO, Department of Planning and Protective Services / Planning Division, Room 120 - John G. Christy Municipal Building, 320 East McCarty, Jefferson City, Missouri.

Telephone: 573-634-6410

Website: <http://www.jeffersoncitymo.gov/campo>

Your rights in Title VI non-discrimination complaints: Filing this complaint with CAMPO does not prevent you from filing a complaint with the Federal Agency providing funding to the party against which a complaint is being lodged.

For additional information on State and Federal Title VI offices, contact CAMPO.

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