

Attachment 1

**Northwest Missouri Regional Council of Governments  
TITLE VI COMPLAINT FORM**

*"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:  
Jerri Dearmont, Executive Director  
Northwest Missouri Regional Council of Governments  
114 West Third Street, Maryville, MO 64468  
Email: [jerri@nwmorcog.org](mailto:jerri@nwmorcog.org)  
Phone: 660-582-5121, ext. 7 Fax: 660-582-7264

PLEASE PRINT

1. Complainant's Name:
a. Address:
b. City: _____ State: _____ Zip Code: _____
c. Telephone (include area code): Home ____ or Cell ____ Work ____
d. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ____ YES ____ NO
2. Accessible Format of Form Needed? ____ YES specify: _____ NO
3. Are you filing this complaint on your own behalf? ____ YES, If YES, please go to question 7. ____ NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address.
a. Name of Person Filing Complaint:
b. Address:
c. City: _____ State: _____ Zip Code: _____
d. Telephone (include area code): Home ____ or Cell ____ Work ____
e. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? ____ YES ____ NO
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ____ YES, I have permission. ____ NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): ____ Race ____ Color ____ National Origin (classes protected by Title VI) ____ Other (please specify)

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8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
12. What type of corrective action would you like to see taken?
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ____ YES, if yes, check all that apply. ____ NO a. ____ Federal Agency (List agency's name) b. ____ Federal Court (Please provide location) c. ____ State Court d. ____ State Agency (Specify Agency) e. ____ County Court (Specify Court and County) f. ____ Local Agency (Specify Agency)
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed. Name: _____ Title: _____ Agency: _____ Telephone: _____ Address: _____ City: _____ State: _____ Zip Code: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you completed Questions 4, 5 and 6, your signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date