



OFFICE USE ONLY Date received: ____/____/20____ Logged by: _____
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## TITLE VI DISCRIMINATION COMPLAINT FORM

Person (s) alleging discrimination:		
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	E-MAIL ADDRESS	
Person alleging discrimination, if different from above:		
NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	E-MAIL ADDRESS	
RELATIONSHIP TO THE PERSON(S) ALLEGING DISCRIMINATION		
KIMPO staff member(s), board member(s), consultant(s) or program(s) that allegedly discriminated:		
NAME	PROGRAM	
NAME	PROGRAM	
NAME	PROGRAM	
DATE ALLEGED DISCRIMINATION BEGAN	DATE OF LAST INCIDENT	

**Basis of Alleged Discrimination**

A complaint must be filed within 180 calendar days of the date the complainant learned of the alleged discrimination. If your complaint is in regard to either alleged discrimination in the delivery of services or in the treatment of you (or the person(s) alleging discrimination) by associates or programs of the Killeen-Temple Metropolitan Planning Organization, please indicate below what you believe to be the basis of the alleged discrimination.

Example: If you believe that you were discriminated against because you are Native American, circle the word "Race" and write "Native American" in the space provided.

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

Explanation

In the space below please explain as clearly and in as much detail as possible the nature of the discrimination you are alleging (attach additional sheets if necessary). Provide the names of all witnesses, if any, to the alleged discrimination. Attach copies of all written materials pertaining to your complaint.

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By signing below I certify that the statements contained on this form are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send this form and all attachments to:

Attn: Title VI Coordinator  
Killeen-Temple Metropolitan  
Planning Organization  
2180 N. Main Street  
Belton, TX 76513

Documents may be sent via the U.S. Postal Service, faxed to (254) 770-2360, or scanned and e-mailed to [KTMPO@ctcog.org](mailto:KTMPO@ctcog.org).