



## Walla Walla Valley Metropolitan Planning Organization

### Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on the ground 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."

You must submit your complaint in writing to the WWVMPO/SRTPO Title VI Coordinator. Please mail or deliver to:

Andrea Weckmueller-Behringer, Title VI Coordinator  
Walla Walla Valley MPO/SRTPO  
107 South Third Ave  
Walla Walla, WA 99362

<p>1. Your Contact Information</p> <ul style="list-style-type: none"><li>• Name:</li><li>• Address:</li><li>• City:</li><li>• State:</li><li>• Zip Code:</li><li>• Home Telephone Number:</li><li>• Business Telephone Number:</li><li>• Email Address:</li></ul>
<p>2. Person discriminated against (if other than complainant)</p> <ul style="list-style-type: none"><li>• Name:</li><li>• Address:</li><li>• City:</li><li>• State:</li><li>• Zip Code:</li></ul>
<p>3. What was the discrimination based on? (Circle all that apply.)</p> <ul style="list-style-type: none"><li>• Race</li><li>• Color</li><li>• National Origin</li></ul>
<p>4. How do you believe you have been subjected to discrimination prohibited by nondiscrimination requirements? What happened and who was responsible? Where did the incident take place? (Please attach additional sheets of paper if necessary.)</p>

5. Witnesses? (Please provide contact information.)

- Name:
- Address:
- City:
- State:
- Zip Code:

- Name:
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- Zip Code:

- Name:
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- State:
- Zip Code:

6. Did you file this complaint with another federal, state, or local agency; or with a federal or state court? (Circle the appropriate answer.)

- Yes
- No

If yes, circle each agency this complaint was filed with:

- Federal Agency
- Federal Court
- State Agency
- State Court
- Local Agency
- Other \_\_\_\_\_

7. Provide contact person information for the agency or court you also filed the complaint with:

- Name:
- Address:
- City:
- State:
- Zip Code:
- Date filed: \_\_\_\_\_

8. Sign the complaint in this space. Attach any documents you believe supports your complaint.

Complainant's Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_