



North Central Texas Council of Governments Discrimination Complaint Form for Title VI & ADA

1

 First Name MI Last Name

 Street Address City State Zip Code

 Telephone Number e-mail Address

2 Who do you believe discriminated against you?

 First Name MI Last Name

 Name of Business/Organization Position/Title

 Street Address City State Zip Code

 Person's Relationship to You

3 When did the alleged act(s) of discrimination occur?

Please list all applicable dates in mm/dd/yyyy format.

 Date(s)

Is the alleged discrimination ongoing? Yes No

4 Where did the alleged act(s) of discrimination occur? (Attach additional pages as necessary.)

 Name of Location

5 Indicate the basis of your grievance of discrimination:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | |

6 Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach additional pages as necessary.

Please explain how other persons or groups were treated differently by the person(s)/ agency who discriminated against you.

Please list and describe all documents, e-mails, or other records and materials pertaining to your complaint.

Please list and identify any witness(es) to the incidents or persons who have personal knowledge of information pertaining to your complaint.

Have you previously reported or otherwise complained about this incident or related acts of discrimination? If so, please identify the individual to whom you made the report, the date on which you made the report, and the resolution. Please provide any supporting documentation.

North Central Texas Council of Governments Title VI and ADA Complaint Form - English

For ADA Complaints only, please provide the following information:

If applicable, please provide a description and the exact location of the non-accessible feature.

| | | |
|--|------------------------|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ (Street Name) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|------------------------|--|

Please provide comments, suggestions, or other information that may assist us in providing a better service to you.

| | | |
|--|------------------------|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ (Street Name) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|------------------------|--|

We cannot accept an unsigned complaint. Please sign and date the complaint form below. By typing your name below, you are signing this document electronically. You agree that your electronic signature is the legal equivalent of your manual signature in this document.

Complainant's Signature

Date

| | |
|--|----------------------|
| FOR NCTCOG OFFICE USE ONLY | |
| Date Complaint Received: _____ | Case #: _____ |
| Processed by: _____ | Date Referred: _____ |
| Referred to: <input type="checkbox"/> TXDOT <input type="checkbox"/> FHWA <input type="checkbox"/> FTA <input type="checkbox"/> FRA <input type="checkbox"/> Other _____ | |