



Greater St. Joseph Area  
**M P O**  
 Metropolitan Planning Organization

**Title VI Discriminatory Complaint Form**

**Only the complainant or the complainant's designated representative should complete this form.**

NAME		
STREET ADDRESS		
CITY		STATE
		ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	FAX

**Individual(s) discriminated against, if different from above (use additional page(s) if necessary):**

NAME		
STREET ADDRESS		
CITY		STATE
		ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	FAX

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) IN THIS SECTION [I.E. SPOUSE, PARENT, CHILD, ETC.]

**Name of Agency and department or program that discriminated:**

AGENCY AND DEPARTMENT NAME		
NAME OF INDIVIDUAL (IF KNOWN)		
STREET ADDRESS OF AGENCY/DEPARTMENT		
CITY		STATE
		ZIP CODE
TELEPHONE NUMBER	FAX	

