WAMPO
Title VI Discrimination Complaint Form

This form may be used to file a complaint with the Wichita Area Metropolitan Planning Organization (WAMPO) pursuant to discrimination laws, rules and regulations, including, but not limited to, Title VI of the Civil Rights Act of 1964, Executive Order 12898, “Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations,” or Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency.

If you need assistance completing this form or need it to be provided in an alternate language or alternate format due to a disability, please contact us by phone at (316)-268-4315 or by fax (316) 268-4390 and ask for the Title VI Coordinator.

Complaints of discrimination must be filed within 180 days of the alleged discrimination.

This form MUST be completed by the complainant or the complainant’s designated representative. Feel free to add additional pages if necessary.

________________________________________________________

Complainant’s Personal Information:

Name:________________________________________________________________________

Address:________________________________________________________________________

City: __________________________ State: ____________ Zip Code: ______________

Phone Number: __________________________

Name of person completing this form, if different from above:

Your relationship to the complainant indicated above:
Alleged Discrimination – Details of Complaint:

I. Identify the agency, department or program that discriminated:

Agency and/or department name: __________________________________________

Name of any individual, if known: _________________________________________

City: __________________________________________________________________

State: __________________________

Zip: __________________________

Phone Number: _________________________

Email: ____________________________

Date(s) of alleged act: _________________________

Date alleged discrimination began: ________________________________

Last or most recent date of alleged discrimination: _______________________

II. What is the basis for this complaint?

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken. For example, if you believe that you were discriminated against because you are African American, you would mark the box labeled “Race/Color” and write “African American” in the space provided.

Check all that apply:

☐ Race ________________

☐ Color ________________

☐ National Origin ________________
III. Explain what happened:
Please explain as clearly as possible what happened. Provide the name(s) of witnesses, fellow employees, supervisors, and others involved in the alleged discrimination. Please include all information that you feel is relevant to the investigation. (Attach additional sheets if necessary and provide a copy of any written materials pertaining to your complaint.)

IV. How can this/these issue(s) be resolved to your satisfaction?

V. What is the most convenient time and place for us to contact you about this complaint?
VI. If we will not be able to reach you directly, please give us the name and phone number of a person who can reach you and/or provide information about your complaint:

Name: __________________________________________

Phone Number: _________________________________

VII. If you have an attorney representing you concerning the matter raised in this complaint, please provide the following:

Name of Attorney: _______________________________

Address: _________________________________

___________________________________________

___________________________________________

Telephone number: ______________

____________________________

Signature Date

Note: The laws enforced by this agency prohibit retaliation or intimidation against anyone because the individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

Wichita Area Metropolitan Area Planning Organization
Attn: Title VI Coordinator
271 W. 3rd St., Ste. 208
Wichita, Kansas 67202
Phone: (316) 268-4315
E-Mail: wampo@wichita.gov