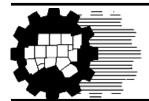


North Central Texas Council of Governments Discrimination Complaint Form for Title VI & ADA

First Name	MI	Last Name			
Street Address	City	·		State	Zip Code
Telephone Number	e-ma	ail Address			
Who do you believe discriminated	d against yo	ou?			
First Name	MI	Last Name			
Name of Business/Organization		Position/Title			
Street Address	City		State	Zip Code	
Person's Relationship to You					
When did the alleged act(s) of dis Please list all applicable dates in mi					
Date(s)					
Is the alleged discrimination ongoin	g? O Yes	O No			
Where did the alleged act(s) of di as necessary.)	scriminatio	n occur? (Atta	ch addit	ional pages	
Name of Location					
Indicate the basis of your grievar	olor	imination:			

C	Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination. Describe each incident of discrimination separately. Attach			
O				
	additional pages as necessary.			
	Please explain how other persons or groups were treated differently by the person(s)/			
	agency who discriminated against you.			
	agency who also miniated 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 may laught remarked as athermics as mulained about this incident or related			
	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.			

ease provide any additional in	formation about the alleged discr	rimination.		
If an advisor will be assistin contact information. First Name	g you in the complaint process, p MI Last Name	lease provide his/	her name and	
Name of Business	Position/Title	Telepho	Telephone Number	
Street Address	City	State	Zip Code	
Additionally, this office will course of our investigation. attached. If you are filing a coffice will also need this per I certify that to the best of my events and circumstances are assisted by an advisor, my sig relevant correspondence regainvestigation. By typing your n	knowledge the information I have pro as I have described them. I also und nature below authorizes the named in rding the complaint and to accompana ame below, you are signing this doc	our name, if needed on sent/Release for half of another per povided is accurate a derstand that if I will individual to receive my me during the cument electronically	d, in the m is rson, our nd the be copies of y. You	
agree that your electronic sign document. Signature	nature is the legal equivalent of your	Date	tnis	



North Central Texas Council of Governments Discrimination Complaint Consent/Release Form

Please read the information on this form carefully before you begin.

First Name	MI Last N	ame
Street Address	City	State Zip Code
for the North Central Texas (organization or institution un Central Texas Council of Go understand that as a compla participated in action to secu	Council of Governments to der investigation. I am also vernments to honor request inant I am protected from re ire rights protected by nond	investigation it may become necessary reveal my identity to persons at the aware of the obligations of the North its under the Public Information Act. I estallation for having taken action or liscrimination statues and regulations ion (FHWA) of the U.S. Department of
Please Check one:		
part of its investigation, to institution, which has becauthorize NCTCOG to do from the same and with investigating this complate beginning of this form. I used for authorized civil	to reveal my identity to pers en identified by me in my fo iscuss, receive, and review appropriate administrators aint. In doing so, I have read also understand that the ma	Council of Governments (NCTCOG), as sons at the organization, business, or ormal complaint of discrimination. I also materials and information about me or witnesses for the purpose of d and understand the information at the aterial and information received will be only. I further understand that I am not urily.
reveal my identity to personal I also deny consent to hawith any witnesses I have not authorizing NCTCOC about me from the same beginning of this form. It	sons at the organization, but ave NCTCOG disclose any re mentioned in the complain Goto discuss, receive, nor re a. In doing so, I have read a	s Council of Governments (NCTCOG), usiness, or institution under investigation. information contained in the complaint int. In doing so, I understand that I am eview any materials and information and understand the information at the decision to deny consent may impede I resolution of my case.
		cument electronically. You agree that rour manual signture in this document.
Signature		 Date

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

For ADA Complaints only, please provide the following in	formation:	
If applicable, please provide a description and the exact location of the non-accessible feature.	(Street Name)	
Please provide comments, suggestions, or other information that may assist us in providing a better service to you.	(Street Name)	
We cannot accept an unsigned complaint. Please sign a typing your name below, you are signing this document electronic signature is the legal equivalent of your man	electronically. You agree tha	
Complainant's Signature	Date	
FOR NCTCOG OFFIC		
Date Complaint Received:	Case #:	
Processed by:	Date Referred:	

TxDOT

Referred to:

FHWA

FTA

FRA

Other