TITLE VI COMPLAINT FORM

For instructions see page 2
(03-2012)

FARGO-MOORHEAD METROPOLITAN COUNCIL OF GOVERNMENTS

PART I - COMPLAINANT INFORMATION (Print all items legibly.)

Name		Telephone
Mailing Address		Email Address
City	State	Zip Code

PART II - CAUSE OF DISCRIMINATION BASED ON (Check appropriate box[es].)

☐ Race ☐ Color ☐ National Origin

☐ Sex ☐ Age ☐ Disability/Handicap ☐ Income Status

PART III - THE PARTICULARS ARE (Include names, dates, places, and incidents involved in the complaint.)

(If additional space is needed, attach extra sheet[s].)

PART IV - REMEDY SOUGHT (State the specific remedy sought to resolve the issue[s].)

PART V - VERIFICATION

Complainant's Signature _____ Date_____

SUBRECIPIENT INSTRUCTIONS

Name of Subrecipient	Name of Subrecipient's Title VI Coordinator		
Fargo-Moorhead Metropolitan Council of Governments	Adam Altenburg		
Street Address/P.O. Box	City	State	Zip Code
Case Plaza, Suite 232, One 2nd Street N	Fargo	ND	58102
Telephone Number	Relay North Dakota Telephone Number	Text Telephone Number (TTY)	
701-232-3242	711 or 1-800-366-6888		

General

1. Under Title VI of the Civil Rights Act of 1964 and the related statutes and regulations, no person or group(s) of persons shall, on the grounds of race, color, national origin, sex, age, disability/ handicap, or income status*, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by FM Metro COG. Any person or group(s) of persons who feel they have been discriminated against may file a complaint.
2. Instructions provided within this form are not meant to be all inclusive. Complainants are responsible for all procedural requirements.
3. Complainants **must** include all required information and **must** meet all timeframes as defined in the FM Metro COG Title VI Complaint Procedure.
4. Legible copies of all available pertinent documentation should be attached to this form.
5. All inquiries on how to complete this form should be directed to the contact listed above.

Part I

Complete all information in this section.

Part II

Check all boxes that apply indicating the basis for the complaint. The discrimination **must** be based on at least one of the listed categories.

Part III

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

Part IV

State the minimum remedy acceptable for resolution of this complaint.

Part V

Sign and date this section to verify the information contained in Parts I through IV.

Title VI Complaints are filed according to the Title VI Complaint Procedure.

*Title VI of the Civil Rights Act of 1964 governs race, color, and national origin. Related Nondiscrimination Authorities govern sex, 23 U.S.C. 324; age, 42 U.S.C. 6101; disability/handicap, 29 U.S.C. 790; and low income, E.O. 12898.