

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)

Title VI

Discrimination Complaint Consent/Release Form

Please read all information carefully before you begin to complete form.

_____	_____	_____	
First Name	MI	Last Name	
_____	_____	_____	_____
Street Address	City	State	Zip

As a complainant, I understand that in the course of an investigation it may become necessary for the MPO to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the MPO to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Federal Highway Administration (FHWA) of the U.S. Department of Transportation.

Please check one:

- I **CONSENT** and authorize the MPO, as part of its investigation, to reveal my identity to persons at the organization, business, or institution which has been identified by me in my formal complaint of discrimination. I also authorize the MPO to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily.

- I **DENY CONSENT** to have the MPO reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have the MPO disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the MPO to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

_____	_____
Signature	Date
Please Print For Non-Electronic signatures	

Where to File
In order to be processed, signed original complaint forms must be mailed or hand delivered to:

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)
ATTN: MPO Director/Title VI Coordinator
1413 Houston St.
Laredo, TX 78040