



## TITLE VI COMPLAINT PROCEDURES

The following procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987. Any person who believes they, or any specific class of persons, to be subjected to prohibited discrimination based on race, color or national origin may file a written complaint individually or through a representative. A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the discrimination is ongoing, or the time for filing is extended by the FHWA. Complaints related to the Federal-aid highway program may be filed with TxDOT, FHWA Division Office, the FHWA Headquarters Office of Civil Rights (HCR), the USDOT Departmental Office of Civil Rights, or the USDOJ. The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO) will ensure that all complaints are sent to the appropriate authority for disposition.

Complaints alleging violations of Title VI by subrecipients may be filed in writing directly with the following local, state and federal agencies:

### **Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)**

ATTN: LWCAMPO Director/Title VI Coordinator  
 1413 Houston Street  
 Laredo, Texas 78040

Additionally, complaints filed against the subrecipient may also be filed with TxDOT or FHWA at:

#### **Federal Highway Administration**

Office of Civil Rights  
 HCR-20, Room E81-320  
 1200 New Jersey Avenue, SE  
 Washington, DC 20590

#### **Federal Highway Administration – Texas Division**

Attn: Civil Rights Specialist  
 300 E. 8th St.  
 Austin, TX 78701

#### **Texas Department of Transportation**

Civil Rights Division  
 Attn: Title VI Program Administrator  
 125 E. 11th Street  
 Austin, TX 78701

Complaint and investigation files are confidential. The contents of such files will only be disclosed to appropriate Laredo & Webb County Area MPO personnel, state and federal authorities in accordance with Federal and State laws. The Laredo & Webb County Area MPO will retain files in accordance with records retention schedules and all Federal guidelines.

# INTRODUCTION

The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), as a subrecipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any agency programs or activities. These prohibitions extend from the MPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.). All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements.

The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs. The MPO will follow timelines set forth in guidance from the Department of Transportation, the Federal Highway Administration (FHWA), Federal Transit Administration (FTA), and the Department of Justice for processing Title VI discrimination complaints.

This policy is intended to establish a procedure under which complaints alleging discrimination in the MPO's provisions, services, or activities can be made by persons who are not employees of the MPO. Said procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987. Any person who believes the MPO, or any entity who receives federal financial assistance from or through the MPO (i.e., sub-recipients, sub-contractors, or sub-grantees), has subjected them or any specific class of individuals to unlawful discrimination may file a complaint of discrimination. Complaint forms can be found in ["Appendix A: Title VI Complaint Forms"](#).

## WHEN TO FILE:

A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the discrimination is ongoing, or the time for filing is extended by the FHWA. Complaints received more than 180 calendar days after the alleged discrimination will not be processed and will be returned to the complainant with a letter explaining why the complaint could not be processed and alternative agencies to which a report may be made.

### Key Term:

**Filing** means a written complaint must be postmarked before the expiration of the 180-day period. The **filing date** is the day you complete, sign, and mail the complaint form.

## WHERE TO FILE:

In order to be processed, submit an online form at [LWCAMPO website](#) or signed original complaint forms must be mailed or hand delivered to:

**Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)**

ATTN: LWCAMPO Director/Title VI Coordinator

1413 Houston Street

Laredo, Texas 78040

Or emailed to:

[jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)

Upon request, reasonable accommodations may be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may be filed by a representative on behalf of a complainant. Persons not satisfied with the findings of the MPO may seek remedy from other applicable state or federal agencies.

## **REQUIRED ELEMENTS OF A COMPLAINT:**

In order to be processed, a complaint must be in writing and contain the following information:

- ◆ Name, address, and phone number of the complainant
- ◆ Name(s) and address(es) and business(es)/organization(s) of person(s) who allegedly discriminated
- ◆ Date of alleged discriminatory act(s)
- ◆ Basis of complaint: i.e., race, color, national origin, sex, age, religion, or disability
- ◆ A statement of complaint
- ◆ Signed consent release form

## **INCOMPLETE COMPLAINTS:**

Upon initial review of the complaint, MPO staff will ensure that the form is complete and that any initial supporting documentation is provided. Should any deficiencies be found, MPO staff will notify the complainant within 10 business days. If reasonable efforts to reach the complainant are unsuccessful or if the complainant does not respond within the time specified in the request (30 days), the recipient may close the complainant's file. The complainant may resubmit the complaint provided it is filed within the original 180-day period.

Should the complaint be closed due to lack of required information, MPO staff will notify the complainant at their last known address. In the event the complainant submits the missing information after the file has been closed, the complaint may be reopened provided it has not been more than 180 calendar days since the date of the alleged discrimination.

## **RECORDS OF COMPLAINTS:**

MPO staff will maintain a record of all complaints received. The information collected may include:

- ◆ Basic information about the complaint: when it was filed, who filed it, and who it was against
- ◆ A description of the alleged discriminatory action
- ◆ Findings of the investigation

## **COMPLAINT PROCESS OVERVIEW:**

The following is a description of how a discrimination complaint will be handled once received by the Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO).

### **1. A Complaint is Received by LWCAMPO:**

Complaints must be in writing and signed by the complainant or their designated representative. If the complainant is unable to complete the form in writing due to disability or limited-English proficiency, upon request reasonable accommodations may be made to ensure the complaint is received and processed.

- A. Complainants wishing to file a complaint but do not have access to the Internet or the ability to pick up a form, a complaint form will be mailed to them for completion.
- B. The complainant will be notified if the complaint form we receive is incomplete and ask that they furnish the missing information

### **2. Complaint is Logged into Tracking Database:**

Completed complaint forms will be logged and tracked. Basic data will be maintained on each complaint received. A Sample of that log can be found in ["Appendix B: Record of Title VI Complaints"](#).

### **3. Determine Jurisdiction:**

MPO staff will complete an initial review of the complaint. The purpose of this review is to determine if the complaint meets basic criteria.

- A. Basic criteria required for a complete complaint- alleged discrimination is due to race, religion, color, national origin, sex, age or disability
- B. Timeliness will be determined to ensure that the complaint was filed within the 180-day time requirement

The program in which the alleged discrimination occurred will be examined to ensure that the complaint was filed with the appropriate agency. During this process, if a determination is made in which the program or activity that the alleged discrimination occurred is not related to an MPO program or activity, every attempt will be made to establish the correct agency. When possible and with consent granted on the Consent/Release form, the complaint will be forwarded to the appropriate agency.

### **4. Initial Written Notice to Complainant:**

Within 10 working days in receipt of the complaint, the MPO will issue the complainant a confirmation receipt of the complaint.

- A. If needed, the notice may request additional information, may notify complainant that the activity is not related to an MPO program or activity, or complaint does not meet deadline requirements. Conclusions made in step three will determine the appropriate response to the complaint
- B. A copy of the written response, as well as the complaint form, will be forwarded to the Texas Department of Transportation (TxDOT), Office of Civil Rights Contract Compliance Section for informational purposes only.

### **5. Investigation of Complaint:**

MPO staff will determine the appropriate fact-finding process to ensure that all available information is collected in an effort to reach an informed conclusion and resolution of the complaint. The type of investigation techniques used may vary depending on the nature and circumstances of the alleged discrimination. An investigation may include but is not limited to:

- ◆ Internal meetings with MPO staff and legal counsel
- ◆ Consultation with state and federal agencies
- ◆ Interviews of complainant(s)
- ◆ Review of documentation (i.e., planning, public involvement, and technical program activities)
- ◆ Interviews and review of documentation with other agencies involved
- ◆ Review of technical analysis methods
- ◆ Review of demographic data

### **6. Determination of Investigation:**

An investigation must be completed within 60 days of receiving the complete complaint, unless the facts and circumstances warrant otherwise.

- A. A determination will be made based on information obtained
- B. MPO staff and/or designee will render a recommendation for action, including formal and/or informal resolution strategies in a report of findings to the Transportation Policy Committee

**7. Notification of determination:**

Within 10 days of completing the investigation, the complainant will be notified by the LWCAMPO Director/Title VI Coordinator of the final decision.

- A. The notification will include appeal rights with state and federal agencies should dissatisfaction with the final decision exist
- B. A copy of this letter, along with the report of findings, will be forwarded to the TxDOT, Office of Civil Rights Contract Compliance Section for information purposes

# APPENDIX A: TITLE VI COMPLAINT FORMS

Samples of the online Title VI Complaint Forms as well as copies of the printable complaint forms can be found in the following pages. The online forms can be submitted to the MPO via the following link: [Laredo MPO Title VI Complaint Forms](#) in [English](#) / [Spanish](#)

## Laredo & Webb County Area MPO Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."  
Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

After section 1 Continue to next section

**Section 2 of 9**

Section title (optional)

Description (optional)

**Complainant Information**

Description (optional)

**Name \***

Short answer text

**Address \***

Long answer text

**City \***

Short answer text

**State \***

Short answer text

**Zip Code \***

# Laredo & Webb County MPO Formato de Queja de Discriminación



La Organización de Planeación Metropolitana de Laredo y el Área del Condado de Webb (LWCAMPO), de conformidad al Título VI de la Ley de Derechos Civiles de 1964 y los estatutos relacionados, asegura que ninguna persona por motivos de raza, religión, color, origen nacional, sexo, edad o discapacidad serán excluido de participar o de obtener beneficios, y/o estar sujetos a discriminación en cualquier programa o actividad de las dependencias que en su totalidad o en parte reciben asistencia financiera federal.

La queja o denuncia de discriminación debe presentarse dentro de los 180 días naturales posteriores al presunto acto de discriminación, en el descubrimiento de la misma, o cuando haya existido una conducta recurrente en la fecha en que se finalizó dicho acto.

After section 1 Continue to next section

Section 2 of 9

Section title (optional)



Description (optional)

Información del Titular

Description (optional)

Nombre Completo \*

Short answer text

Dirección \*

Long answer text

Ciudad \*

Short answer text

Estado \*

Short answer text



## Discrimination Complaint Form

The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), as a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any agency programs or activities. These prohibitions extend from the MPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.). All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements. The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs.

Upon request, reasonable accommodations may be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may be filed by a representative on behalf of a complainant. The complaint must be **filed** no later than 180 calendar days from the most recent date of the alleged discrimination. The **filing date** is the day you complete, sign, and mail this complaint form. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint. For assistance, call (956) 794-1613 or e-mail [jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)

*Submit signed original forms by mail or hand deliver to:*

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

**Or Email to:**

[jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)

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

**Complainants' information:** *(If assisted with the complaint process, please provide your advisor's name/contact information)*

_____	_____	_____	_____
First Name	MI	Last Name	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Telephone Number	E-mail Address		



**Information of the person discriminated against:** *(If someone other than the complainant)*

First Name	MI	Last Name		
Street Address	City		State	Zip
Telephone Number	E-mail Address			

**Who do you believe discriminated against you?**

First Name	MI	Last Name		
Name of Business/Organization		Position/Title		
Street Address	City		State	Zip

**When did the alleged act(s) of discrimination occur?** *(List all dates in mm/dd/yyyy format)*

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**Is the alleged discrimination ongoing?**

Yes

No

**Where (location) did the alleged act(s) of discrimination occur?** *(Attach additional pages as needed)*

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Did anyone, beside yourself, witness the alleged act(s) of discrimination?  Yes  No

If so, list and identify witness(es) to the incidents or persons who have personal knowledge to information regarding to your complaint.

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Have you filed this complaint with any other federal, state, or local agency; or with any federal, state or local court?

Yes  No

If yes, check all that apply:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency	<input type="checkbox"/> Local Court
<input type="checkbox"/> Other (Please Specify): _____		

If so, please provide the date on which you made the report, the information of a contact person at the agency/court where the complaint was filed, & the resolution (if applicable): (Provide/attach any supporting documentation)

Date: \_\_\_\_\_

_____	_____	_____	
First Name	MI	Last Name	
_____	_____	_____	
Name of Business/Organization	Position/Title	Telephone Number	
_____	_____	_____	_____
Street Address	City	State	Zip

**Please sign and date this complaint in order for us to address your allegations. The Discrimination Complaint Consent/Release Form is attached and must also be completed in order to assist us with our investigation. If you are filing a complaint of discrimination on behalf of another person, we will need the person's consent.**

*I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.*

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Complainant's Signature

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Date



## 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

*(Please Print For Non-Electronic signatures)*

Date

*Submit signed original forms by mail or hand deliver to:*

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

**Or Email to:**

[jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)



## Formato de Queja de Discriminación

La Organización de Planeación Metropolitana de Laredo y el Área del Condado de Webb (LWCAMPO), de conformidad al Título VI de la Ley de Derechos Civiles de 1964 y los estatutos relacionados, asegura que ninguna persona por motivos de raza, religión, color, origen nacional, sexo, edad o discapacidad serán excluido de participar o de obtener beneficios, y/o estar sujetos a discriminación en cualquier programa o actividad de las dependencias que en su totalidad o en parte reciben asistencia financiera federal. Estas prohibiciones se extienden desde LWCAMPO, como receptor directo de la asistencia financiera federal, a sus subreceptores (por ejemplo, contratistas, consultores, gobiernos locales, universidades, etc.). La Ley de Restauración de Derechos Civiles de 1987 extendió dicho mandato a todos los programas dentro de las dependencias que reciben asistencia federal independientemente de la fuente de financiamiento para los programas.

A petición, se pueden hacer adecuaciones para quienes no pueden realizar el formulario de queja debido a una discapacidad o dominio limitado del idioma. Una queja puede ser presentada por el representante de la parte denunciante. La queja se debe **presentar** a más tardar 180 días naturales a partir de la fecha de la supuesta discriminación. La fecha de presentación será el día que el formulario de la queja este firmado y enviado. El formulario de queja y la forma de consentimiento deberán tener fecha y firma para ser aceptadas. Tienen 30 días naturales para responder a cualquier solicitud por escrito para obtener información adicional. De lo contrario, se archivará la queja. Para obtener ayuda, llame al (956) 794-1613 o por correo electrónico a [jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us). Envíe formularios originales firmados por correo o entregue en:

**La Organización de Planeación Metropolitana de Laredo y el Area del Condado de Webb (LWCAMPO) ATTN: Director del MPO/Coordinador de Titulo VI  
1413 Houston St.  
Laredo, Texas 78040**

**O Enviar por Correo electrónico a:**

[jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)

*Favor de leer toda información antes de llenar la forma.*

**Información del Titular:** *(Si tuvo asistencia con el proceso de la queja, favor de indicar el nombre del asesor en esta sección)*

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Primer Nombre

Inicial de  
2do nombre

Apellido

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Dirección	Ciudad	Estado	Codigo Postal
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Número de Teléfono	Correo electrónico
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**Datos de la persona quien fue discriminada:** *(Si Ud. es el representante de la persona quien fue discriminada favor de ingresar los datos de esa persona en esta sección)*

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Primer Nombre	Inicial de 2do nombre	Apellido
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Dirección	Ciudad	Estado	Codigo Postal
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Número de Teléfono	Correo electrónico
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**¿Quien cree que le discriminó?**

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Nombre	Apellido
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Nombre de Organización	Titulo
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Dirección	Ciudad	Estado	Codigo Postal
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**¿Cuándo se produjeron los supuestos actos de discriminación? Indique todas las fechas en formato mm/dd/aaaa.**

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**¿Sigue la supuesta discriminación en curso?**     Sí     No





Indique el fundamento de su queja de discriminación

Raza

Color

Religión

Sexo

Edad

Discapacidad

País de Origen

**¿Hay testigos que puedan colaborar el (los) presunto (s) acto (s) de discriminación?**

Sí

No

*Si es así, por favor identifique a quien pueda colaborar este informe.*

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**¿Ha denunciado este incidente o acto de discriminación relacionados a alguna agencia a nivel federal, estatal, o local; o alguna corte a nivel federal, estatal o local?**

Sí

No

*Si es así, por favor identifique la agencia o corte a quien ha hecho el informe:*

Agencia Federal

Corte Federal

Agencia Estatal

Corte Estatal

Agencia Local

Corte Local

Otra Agencia o Corte:

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**Si es así, por favor identifique a quien ha hecho el informe, la fecha en que usted hizo el informe y la resolución. (Incluir/adjuntar documentación de respaldo)**

Fecha: \_\_\_\_\_

Resolución

Primer Nombre	Inicial de 2do nombre	Apellido	
Nombre de Organización	Titulo		Número de Teléfono
Dirección	Ciudad	Estado	Codigo Postal

**Favor de firmar e indicar la fecha de esta queja para que podamos abordar sus acusaciones. El formulario de Consentimiento/Liberación se adjunta, y también debe ser realizada con el fin de ayudarnos con nuestra investigación. Si usted está presentando una queja de discriminación en nombre de otra persona, será necesario el consentimiento de la persona.**

*Yo certifico con lo mejor de mi conocimiento que la información que he proporcionado es correcta y los hechos y circunstancias son como los he descrito. También entiendo que, si voy a ser asistido por un asesor, mi firma autoriza a la persona nombrada para recibir copias de la correspondencia pertinente con respecto a la queja y que me acompañe durante la investigación.*

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha



## Titulo VI Formulario de Consentimiento para Queja de Discriminación.

Lea atentamente toda la información antes de comenzar a completar el formulario.

Primer Nombre	Inicial de 2do nombre	Apellido	
Dirección	Ciudad	Estado	Codigo Postal

Este formato es un mecanismo para otorgar autorización a Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO) para que en caso de ser necesario la MPO revele mi identidad a la organización o institución investigada, en el proceso de queja de discriminación en cumplimiento con la ley de Libertad de Información. Entiendo que, como demandante, estoy protegido contra represalias por haber tomado acciones para garantizar mis derechos establecidos en estatutos y reglamentos contra la no discriminación de la Administración Federal de Carreteras (FHWA) del Departamento de Transporte de los Estados Unidos que hace cumplir.

Por favor, marque uno:

**DOY MI CONSENTIMIENTO** y autorizo a la MPO, como parte de su investigación, a revelar mi identidad a la organización, empresa o institución que he denunciado en mi queja de discriminación. Autorizo a la MPO a investigar, recibir y analizar material e información sobre la denuncia con las partes en averiguación con el fin de investigar esta queja; y que dicho material e información se utilizarán solo para actividades autorizadas de acuerdo a las leyes aplicables. Además, entiendo que no estoy obligado a autorizar esta divulgación y lo hago voluntariamente. Al hacerlo, he leído y entiendo la información de este formulario.

**NIEGO EL CONSENTIMIENTO** para que la MPO revele mi identidad a la organización, empresa o institución bajo investigación. Así mismo no apruebo que la MPO divulgue cualquier información contenida en la queja con cualquier parte en averiguación. Por lo que no estoy autorizando a la MPO a investigar, recibir o analizar ningún material e información sobre mi denuncia. Al hacerlo, he leído y comprendo la información al comienzo de este formulario. Además, entiendo que mi decisión de negar el consentimiento puede impedir esta investigación y puede resultar un dictamen fallido para la queja presentada.

Firma

Fecha

*Favor de enviar este formulario por correo postal o entregar en persona a la siguiente dirección:*

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

O Enviar por E-mail a:  
[jmendive@ci.laredo.tx.us](mailto:jmendive@ci.laredo.tx.us)

