



## 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	Date
<i>(Please Print For Non-Electronic signatures)</i>	

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