

SNHPC MPO Title VI Complaint Form

The purpose of Title VI is to ensure no person in the United States shall, on the grounds of race, color, creed 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 from the U.S. Department of Transportation. Later statutes expanded protections to include prohibitions against discrimination on the basis of age, sex, and disability.

The program enables the Southern New Hampshire Planning Commission (SNHPC) and sub-recipients to comply with requirements contained in the Title VI regulations issued by the U.S. Department of Justice (DOJ) (28 CFR Part 42, Subpart F) and the U.S. Department of Transportation (DOT) (49 CFR Part 21), and to administer programs, policies, and activities in a manner that is consistent with the DOT Order on Environmental Justice (Order 5610.2) and the DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons (70 FR 74087, December 14, 2005).

If you wish to file a complaint, please complete the form and explain as clearly as possible what happened and why you believe you were discriminated against.

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
E-Mail Address:		
Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	Yes	No
Section III:		
<p><i>I believe the discrimination I experienced was based on (check all that apply):</i></p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Disability</p> <p><i>Date of Alleged Discrimination (Month, Day, Year):</i> _____</p> <p><i>Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.</i></p>		

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Section IV:		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V:		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI:		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

You may attach any written materials or other information that you think is relevant to your complaint.
 Signature and date required below.

Signature	Date

Please submit this form to:

Linda Moore-O'Brien, Title VI Coordinator
 Southern New Hampshire Planning Commission
 438 Dubuque Street
 Manchester, NH 03102