OAHU METROPOLITAN PLANNING ORGANIZATION TITLE VI COMPLAINT FORM

SECTION I			
Name:			
Address:			
Telephone (Home):	Telephone (Work):		
E-mail Address:			
Accessible Format Large	Print Audio Tape		
Requirements? TDD	Other (specify):		
SECTION II			
Are you filing this complaint on your own behalf? Yes No			
If you answered "yes" to the question above, go to Section III below.			
If you answered "no," please provide the name and relationship of the person for whom you			
are complaining.			
Please explain why you have filed for that person.			
Please confirm that you have obtained the permission of that person. Yes No			
SECTION III			
I believe the discrimination I experienced was based on (check all that apply):			
Race Color National (Origin		
Date of Alleged Discrimination (Month, Day, Year):			
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 the names and contact			
information of any witnesses. If more space is needed, please attach a separate sheet of paper.			
SECTION IV			
Have you previously filed a Title VI complaint with OahuMPO? Yes No			

SECTION V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal		
or State court?		
Yes No		
If yes, check all that apply and name the agency:		
	State Agency:	
	City Agency:	
State Court:		
Please provide information about a contact person at each agency/court where the complaint		
was filed.		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
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 in person at the address below, or mail this form to:		
Oahu Metropolitan Planning Organization 707 Richards Street, Suite 200		

Honolulu, Hawaii 96813