



## Title VI Complaint Form

### Madison Area Transportation Planning Board



The Madison Area Transportation Planning Board (TPB) – An MPO and the City of Madison, as its administrative and fiscal agent, assure that no person shall on the grounds of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100-259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity.

Furthermore, Madison General Ordinance (M.G.O.) Sec. 39.02(8) mandates the execution of this operational requirement. The Madison Area TPB and the City of Madison further assure every effort will be made to ensure nondiscrimination in all of its federally funded program activities.

Any person(s) or organization(s) believing they have been a victim of discrimination based on race, color, or national origin may file a complaint with the Madison Area TPB or with the City of Madison Department of Civil Rights.

The purpose of this form is to assist persons in filing a complaint. **Use of this form is not required.** A letter or e-mail with the same information is sufficient.

**Letters or completed complaint forms can be mailed to:**

Madison Area TPB  
Attn: Title VI Complaint  
121 S. Pinckney Street, Suite 400  
Madison, WI 53703

**OR**

City of Madison Department of Civil Rights  
Attn: Title VI Complaint  
210 Martin Luther King, Jr. Blvd., Room 523  
Madison, WI 53703

Complaints can also be e-mailed to the Madison Area Transportation Planning Board at [mpo@cityofmadison.com](mailto:mpo@cityofmadison.com) or to the City of Madison Department of Civil Rights at [dcr@cityofmadison.com](mailto:dcr@cityofmadison.com).

Your Name:	
Your Street Address: City, State, Zip	
Telephone (Home/Cell):	Telephone (Work):
E-mail Address:	
Person(s) discriminated against (if other than complainant): List all names:	
Street Address, City, State, Zip:	

Which of the following best describes the reason the alleged discrimination took place? (*Check one*):

Race

Color

National Origin (Limited English Proficiency)

Date of Incident: \_\_\_\_\_

Please describe the alleged discrimination incident. Explain what happened, how you were discriminated against, and all persons who were involved. Include the name of the person(s) who discriminated against you (if known), as well as the names and contact information of any witnesses.

You may attach additional written materials or other information that may be relevant to your complaint.

Have you previously filed a Title VI complaint with this agency? (Check one):                                 Yes         No

Have you filed a complaint with any other federal, state, or local agencies? (Check one):                                 Yes         No

If so, list agency/agencies and contact information below.

Contact Name: _____	Contact Name: _____
Agency: _____	Agency: _____
Street Address: _____	Street Address: _____
Phone: _____	Phone: _____

***I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.***

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name of Complainant: \_\_\_\_\_

**Office use**

Date Received:	Received By:
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