## Title VI Complain/Grievance Form (English)

It is LLTS MPO's policy to utilize its best efforts to ensure that no person shall, on the grounds of race, color, disability, gender, age, income, national origin, language, or limited-English Proficiency (LEP) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its programs or services, as provided by Title VI of the Civil Rights Act of 1964, as amended. These procedures apply to all external complaints/grievances relating to any program or activity administered by LLTS MPO and/or its sub-recipients, consultants and contractors, filed under Title VI of the Civil Rights Act of 1964 as amended, (including Disadvantaged Business Enterprise and Equal Employment Opportunity components), as well as other related laws that prohibit discrimination.

The following information is necessary for processing your complaint/grievance. If you require assistance in completing this form, please contact the LLTS MPO Title VI Compliance Officer Chris Chapman by calling (570) 825-1564 or (570) 963-6400. Please return the completed form to the LLTS MPO Title VI Compliance Officer at LLTS MPO, Suite 208, Penn Place, 20 North Pennsylvania Avenue, Wilkes-Barre, PA 18711, or LLTS MPO, 123 Wyoming Avenue, 5<sup>th</sup> Floor, Scranton, PA 18503,. Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name:	Name of Individual Assisting Complainant:	
Complainant Address:	Individual Assisting Address:	
Complainant Phone:	Individual Assisting Phone:	

Which of the following describes the reason(s) the alleged discrimination took place?

Race/Color\* Age Sex Language/EP National Origin\* Disability\*\* Retaliation Other

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint/grievance (please use additional pages as necessary).

Please provide the name(s), title and address (if known) of the person who discriminated against the Complainant.

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of-incident(s):

Please list any other agency where a complaint has been filed:

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

Complainant's Signature	Print Name of Complainant	Date
Assisting Individual Complainant's Signature	Print Assisting Individual Name	Date
Date Received:	Received By:	
* indicates is specific to Title VI of the Civil Rights Act of 19	<b>v</b>	abilities Act of 1990