

**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*

Date(s) of alleged discrimination: \_\_\_\_\_

\_\_\_\_\_

