# Title VI Notice

## Notifying the Public of Rights Under Title VI

Calhoun Area Metropolitan Planning Organization (MPO)

• The MPO operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the MPO.

• For more information on the MPO's civil rights program, and the procedures to file a complaint, contact (256) 237-6741, extension 159; email jack.plunk@earpdc.org; or visit the MPO office at 1130 Quintard Ave., Suite 300, Anniston, AL 36202 or for more information, visit www.earpdc.org/Programs/CalhounMPO.

• A complaint may be directly filed with the Federal Transit Administration at the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590

• If information is needed in another language, please write to Title VI Complaint, Calhoun Area MPO, P.O. Box 2186, Anniston, AL 36202.

• Si necesita información en otro idioma, por favor escriba a título VI denuncia, MPO de área de Calhoun, PO Box 2186, Anniston, AL 36202.

The MPO's Title VI notice is posted on the Calhoun Area Metropolitan Planning Organization's website at <u>www.earpdc.org/Programs/CalhounMPO</u> and a bulletin board in the lobby of the East Alabama Regional Planning and Development Commission (1130 Quintard Ave., Suite 300, Anniston, AL).

## Title VI Complaint Form Calhoun Area Metropolitan Planning Organization (MPO)

<u>Part 1</u> Name:			
Address:			
Telephone (Home):	Telephone (Wo	ork):	
E-mail Address:			
Circle accessible format requir Other		Audio Tape T	ſDD
<u>Part 2</u> Are you filing this complaint or	) your own behalf? Yes	No Circle Or	ıe)
If you answered "Yes" to this o If not, please supply the name		son for whom you	are complaining:
Please explain why you have f	iled for a third party:		
Have you obtained permission	of the third party to file this		
Part 3 I believe that the discriminatior	n I experienced was based	on (Circle all that a	apply):
Race	Color	National	Origin
Date(s) of alleged discrimination	on (Month, day, year):		
Explain as clearly as possible against. Describe all persons the person(s) who discrimin information of any witnesses. I	who were involved. Includ ated against you (if know	e the name and c wn) as well as	ontact information of names and contact

### <u>Part 4</u>

Have you previously filed a Title VI complaint with the MPO?	Yes	No	(Circle One)
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### <u>Part 5</u>

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? Yes No (Circle One)

If yes, list all agencies and courts; include the contact person, agency name, address, and telephone number.

#### <u>Part 6</u>

Name	of agency	complaint i	s against:	

Contact person: \_\_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please attach any written materials or other information that you think is relevant to your complaint.

Signature:	Date:	

Please submit this form to:

Title VI Complaint Calhoun Area MPO P.O. Box 2186 Anniston, AL 35265