

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name:					
Address:					
Telephone Numbers: (Home)	(Work)	(Cell)			
Email Address:					
Please indicate the nature of the alle	eged discrimination	on:			
Categories protected under Title VI of the Civil Rights Act of 1964:					
Race Color National Origin (including limited English Proficiency)					
Additional categories protected under related Federal and/or State laws/orders:					
☐Disability ☐Age ☐Sex ☐Sexual Orientation ☐Religion ☐Ancestry					
Gender Ethnicity Gender Identity Gender Expression Creed					
□ Veteran's Status □ Backgro	und				
Who do you allege was the victim of	f discrimination?				
☐ You ☐ A Third Party Individual ☐ A Class of Persons					
Name of individual and/or organization you allege is discriminating:					
<b>Do you consent</b> to the investigator sh with other parties to this matter when o your complaint?					
□Yes □No					

State Transportation Building • Ten Park Plaza, Suite 2150 • Boston, MA 02116-3968 • (857) 702-3700 • bostonmpo.org

**Please describe your complaint.** You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please include any other documentation that is relevant to this complaint. You may attach additional pages to explain your complaint.

Have you filed this complaint with any other agency (Federal, State, or Local)?

Yes	□No
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If yes, please identify:\_\_\_\_\_

## Have you filed a lawsuit regarding this complaint?

ΠYe	es		No
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If yes, please provide a copy of the complaint.

Signature:		Date:		
Mail to:	Title VI Specialist, Boston Region Metropolitan Planning Organization, 10 Park Plaza, Suite 2150, Boston, MA 02116	Title VI Coordinator, MassDOT Office of Diversity and Civil Rights, Suite 3800, 10 Park Plaza, Boston, MA 02116		
Email to:	civilrights@ctps.org	MassDOT.CivilRights@state.m		

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