

# Title VI Complaint Form

## Siouxland Interstate Metropolitan Planning Council (SIMPCO) / Metropolitan Planning Organization (SIMPCO MPO)

The SIMPCO / MPO is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, age, religion, disability, color, sexual orientation, gender identity, marital status, family status, national origin/English proficiency or creed as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling 712-279-6286 extension 101. The completed form can be mailed or hand delivered to Siouxland Interstate Metropolitan Planning Council / MPO, Michelle Bostinelos Title VI Coordinator, 1122 Pierce Street, Sioux City, Iowa 51105, faxed (712) 279-6920 or e-mailed [mbostinelos@simpco.org](mailto:mbostinelos@simpco.org)

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

Address: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Person(s) discriminated against (if someone other than complainant):

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

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

Which of the following best describes the reason for the alleged discrimination?  
(Circle All That Apply)

Age	Sexual Orientation	Race	Gender Identity
Religion	Marital Status	Disability	Family Status
Color	National Origin/English Proficiency	Sex	Creed

Please describe the alleged discriminatory incident. Provide the names and title of all SIMPCO / MPO employees involved, if available. Explain what happened and whom you believe was responsible:

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Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No  
If yes, list agency / agencies and contact information below:

Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address, City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

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

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SIMPCO / MPO USE

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_