## KOOTENAI METROPOLITAN PLANNING ORGANIZATION TITLE VI DISCRIMINATION COMPLAINT FORM

SECTION I			
Name:			Date:
Address:			
City:		State:	Zip Code:
Telephone (Home):	Telephone (Business):		
SECTION II			
Are you filing this complaint on your own behalf? *Yes No			
*If Yes, go to Section III			
If No, please provide the following contact information for the person discriminated against:			
Name:			
Address:			
City:		State:	Zip Code:
Telephone (Home):		Telephone (Busin	ess):
What is your relationship to this person:			
SECTION III			
Name of Person or Organization you believe has discriminated:			
Date of the alleged discrimination (Month/Day/Year):			
Which of the following best describes the reason you believe the discrimination occurred? Circle all that apply.			
Race/Color National Origin Age	Sex	Religion	Disability
Have you discussed your complaint with anyone within the organization? Yes	es No		
If yes, provide name(s) and position(s):			
SECTION IV			
Explain what happened and why you believe you were discriminated against (if more space is needed, use the back of the form or additional sheets of paper.) Please attach any written material pertaining to this incident.			
Please provide names and contact information for anyone who may have witnessed the alleged discrimination or can support/clarify the allegations:			
SECTION V			
Please describe the corrective action you are seeking if allegations of wrong doing are proven.			
SIGNATURE			Date: