

**Attachment 1**

**City of Mount Vernon Transportation Department  
Title VI Complaint Form**

“No person shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial assistance.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

**Please mail or return this form to**

Transportation Coordinator  
City of Mount Vernon Transportation Department  
PO Box 70  
Mount Vernon, MO 65712

[sweldy@mtvernon-cityhall.org](mailto:sweldy@mtvernon-cityhall.org) and Fax Number 417-466-2513

**Please Print**

1. Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home  or Cell  ) please include area code Telephone Number (Work)  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Do you prefer to be contacted via this email address: Yes  No
2. Are you filing this complaint on your own behalf?  Yes If Yes, please go to question 7  
 No if no, please continue to question 3.
3. If you answered No to question 2 above, please provide your name and address.  
Name of Person filing complaint: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone (Home  or Cell  ) please include area code Telephone Number (Work)  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
  
Email Address: \_\_\_\_\_  
Do you prefer to be contacted via this email address: Yes  No
4. What is your relationship to the person for whom you are filing the complaint?  
  
\_\_\_\_\_

5. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  Yes, I have permission.  No, I do not of permission.
6. I believe that the discrimination I experienced was based on(check all that apply)  
 Race  Color  National Origin (classes protected by Title VI)  Other (please specify)  
\_\_\_\_\_
7. Date of Alleged Discrimination (Month, Day, Year)\_\_\_\_\_
8. Where did the Alleged Discrimination take place:\_\_\_\_\_
9. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). Use a separate page if additional space is required.
10. Please list any and all witnesses' names and phone numbers/ contact information. Use a separate page if additional space is required.
11. What type of corrective action would you like to see taken?
12. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court?  Yes, check all that apply  No
- a.  Federal Agency (List agency's name)\_\_\_\_\_
- b.  Federal Court (Please provide location)\_\_\_\_\_
- c.  State Court\_\_\_\_\_
- d.  State Agency (Specify Agency)\_\_\_\_\_
- e.  Count Court (Specify Court and County)\_\_\_\_\_
- f.  Local Agency (Specify Agency)\_\_\_\_\_

13. Please provide information about a contact person at the agency/court where the complaint was filed.

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

Agency: \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint:

Signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you completed Questions 3, 4, 5 your signature and date is required:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date