

**Adams County MPO
Title VI Complaint Form**

Please Print All Information Below

Complainant Name:

Name of Individual Assisting Complainant:

Complainant Address:

Assisting Individual Address:

Complainant Phone #:

Assisting Individual Phone # (Home or Cell):

Basis of Complaint: (e.g., Race, Color, National Origin, Sex, Age, Disability, Retaliation)

Date(s) of Alleged Discrimination:

Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary):

Please provide the names(s), title and address of the person who discriminated against the Complainant:

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Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

Please list any other agency where complaint has been filed:

Complainant Signature: Date:

Complainant Signature:

Date:

The County of Adams will acknowledge receipt of the complaint by notifying the Complainant within 15 days of the complaint filing. The County of Adams will transmit the complaint to the proper state or federal agency (e.g., Federal Highway Administration, Federal Transit Administration, PennDOT, etc.) for investigation and disposition pursuant to that agency's Title VI complaint procedures.

Next Action: