



## TITLE VI COMPLAINT FORM

### Title VI Complaint Procedure:

- A. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by Title VI nondiscrimination provisions may file a written complaint with the **Ohio Mid-Eastern Governments Association (OMEGA)** Executive Director. A formal complaint must be filed within 180 calendar days of the alleged occurrence. However, the complainant has the right to also file a complaint with state division of Equal Opportunity and with the appropriate federal agency.
- B. Upon receipt of the complaint, **OMEGA** will determine **OMEGA** jurisdiction, acceptability of the complaint, and need for additional information. **OMEGA** will also acknowledge receipt of the complaint by notifying the complainant.
- C. If the complaint is determined to be within **OMEGA** jurisdiction, then **OMEGA** will log the complaint and assign or designate a staff person to investigate the merit of the complaint.
- D. **OMEGA** investigator will prepare an investigative report for **OMEGA** Executive Director's review.
- E. The investigative report and its findings shall be sent to **OMEGA** legal counsel for review.
- F. **OMEGA** investigator will review any comments or recommendations from **OMEGA's** legal counsel. The investigator will discuss the report and recommendations with the Executive Director. The report will be modified as needed.
- G. **OMEGA** investigative report and a copy of the complaint will be forwarded to the appropriate oversight agency (for example, the Ohio Department of Transportation Division of Equal Opportunity (DoEO) and FHWA), providing the federally funded assistance.
- H. FHWA is responsible for making the final determination in coordination with DoEO regarding Title VI complaints.
- I. Once complaint determination becomes final, the parties will be properly notified of the resolution of the complaint, including recommendations to remedy any discriminatory practice – if such practice is identified, and any appeal rights.

For more information regarding the **OMEGA** Title VI complaint process, please contact:

**Dr. Vicki King-Maple**

Executive Director, Ohio Mid-Eastern Governments Association  
326 Highland Avenue, Suite B; Cambridge, OH 43725  
740-439-4471 ext. 204 | [vmaple@omegadistrict.org](mailto:vmaple@omegadistrict.org)



# TITLE VI COMPLAINT FORM

## Section I

Name:

Address:

Telephone (Home): Telephone (Work):

E-Mail Address (If Applicable):

Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

## Section II

Are you filing this complaint on your own behalf? Yes\* No

\*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

## Section III

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin [ ] Sex [ ] Disability [ ] Age

Date of Alleged Discrimination (Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## TITLE VI COMPLAINT FORM

Section IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____		<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____		<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name:		
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is against:		
Contact person:		
Title:		
Telephone number:		

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

**Signature and date required:**

\_\_\_\_\_

Signature Date

**Please submit this form in person at the address below, or mail this form to:**

**Dr. Vicki King-Maple**  
 Executive Director, Ohio Mid-Eastern Governments Association  
 326 Highland Avenue, Suite B; Cambridge, OH 43725