

Exhibit 3 Civil Rights Complaint Form English

**Amarillo Metropolitan Planning Organization (MPO) Civil Rights Complaint Form If
information is needed in another language, contact 806-378-4219.**

**Atención Sesión Pública Convocatoria Aviso 806-378-4219 Para Obtener
Información – www.amarillo.gov**

Amarillo 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, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 business days and ADA complaints 90 business days of 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 MPO Director by calling at 806-378-4219. The completed form must be returned to: Amarillo Metropolitan Planning Organization

Attention: MPO Director

P.O. Box 1971

Amarillo, Texas 79105

Section I

Your Name:

Home Phone:

Street Address:

Work Phone:

E-Mail Address:

City, State. & Zip Code:

Do you need this information in an accessible format?

Large Print TDD Audio Tape Other _____

Section II

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

*If you answered yes, go to Section III

If no, please supply the name and relationship of the person for whom you are complaining:

Name _____ Relationship _____

Please explain why you have filed a complaint for a third party: _____

Please print and sign your name acknowledging that you have obtained permission to file this complaint on behalf of the third party

Printed Name _____ Signature _____

Section III

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

Race _____ Color _____ National Origin _____

Date of alleged discrimination (Month, Day, Year): _____

Explain what happened and why you believe that 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.

Section IV

Have you previously filed a Title VI complaint with this agency? Circle the appropriate answer
- Yes No

Section V

Have you filed this complaint with any other Federal, State or local agency or with any Federal or State court? Circle the appropriate answer - Yes No If yes, check all that apply:

☐ Federal Agency: _____ ☐ State Agency: _____
☐ Federal Court: _____ ☐ Local Agency: _____
☐ State Court: _____

Please provide contact information at the agency/court where the complaint was filed:

Name _____ Title _____ Phone Number _____
Agency _____ Address _____

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

Print your name Sign your name Date

Please submit this form in person to: Mail this form to:

Amarillo Metropolitan Planning Organization

Title VI Coordinator

808 S. Buchanan P.O. Box 1971

Amarillo, Texas 79101 Amarillo, Texas 79105-1971

Date Received: _____

Received By: _____