

**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](http://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: \_\_\_\_\_