

**APPENDIX B: Title VI and Related Discrimination Complaint Against the Wichita Area
Metropolitan Planning Organization (WAMPO)**

Name:	Telephone (home):	Telephone (work):
Address:	City, State, Zip;	
Race: (Check appropriate box below)		
<input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latin <input type="checkbox"/> Other _____ <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Asian		
Name of MPO Person, Organization, or Agency that you believe discriminated against you:		
Address:	City, State, Zip;	
Date of Alleged Incident:		
You were discriminated against on the basis of: (Check appropriate box below)		
<input type="checkbox"/> Race <input type="checkbox"/> National Origin (language) <input type="checkbox"/> Color <input type="checkbox"/> Income <input type="checkbox"/> Disability <input type="checkbox"/> Other _____		
Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to describe how other persons were treated differently than you. Attach any support material.		

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If you have an attorney representing you concerning the matters raised in this complaint please provide the following:

Name of Attorney:	Address of Attorney:	Telephone of Attorney:

Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to regarding your complaint:

Name:	Address:	Telephone:

Signature:	Date: