

Appendix I

SKATS Title VI Complaint Form

This form may be used to file a complaint with the Salem-Keizer Area Transportation Study (SKATS) based on purported violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form. A letter that provides the same information is sufficient to file your complaint.

If you need assistance completing this form due to a physical impairment, please contact us by phone (503) 588-6177 or by e-mail at mwvcog@mwvcog.org.

Only the complainant or the complainants designated representative should complete this form.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
(Home Phone) (Work Phone) (FAX)

Individual(s) discriminated against, if different from above (*use additional pages, if necessary*):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
(Home Phone) (Work Phone) (FAX)

Please explain your relationship to the individual(s) indicated above:

Name of Individual that discriminated (if known):

Date(s) of Alleged Discrimination: _____

Last or Most Recent Date of Discrimination: _____

Waiver Request:

Generally, complaints of discrimination must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination listed was more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint:

Type of Complaint:

<input type="checkbox"/> Race/Color _____	<input type="checkbox"/> Income _____
<input type="checkbox"/> National Origin/Language _____	<input type="checkbox"/> Age _____
<input type="checkbox"/> Sex _____	<input type="checkbox"/> Disability _____

Nature of the Complaint (use additional sheets, if necessary): _____

Signature: _____ **Date:** _____

Please provide the name(s) of any witnesses to the alleged discrimination. (*Attach additional sheets, if necessary.*)

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ (Home Phone) _____ (Work Phone) _____ (FAX)

Note: *The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:*

Mike Jaffe, MPO Program Director/Title VI Coordinator
Mid-Willamette Valley Council of Governments
100 High St. SE, Suite 200
Salem, OR 97301-3667

Please return this form to:
ATTENTION Title VI Coordinator
MWVCOG/SKATS
100 High St. SE, Suite 200
Salem, OR 97301-3667
mwvcog@mwvcog.org
FAX: 503-588-6094

Date Complaint Received: _____