Southeastern Wisconsin Regional Planning Commission
Title VI Complaint Form

If you would like to submit a Title VI complaint to the Southeastern Wisconsin Regional Planning Commission, please fill out this form and send it to: SEWRPC, Attn: Elizabeth Larsen, Title VI Officer, PO Box 1607, W239 N1812 Rockwood Drive, Waukesha, WI 53187-1607 or submit via e-mail to elarsen@sewrpc.org. You are not required to use this form; a letter with the same information is sufficient.

Name: _________________________________________
Address: _________________________________________  _________________________________________

Phone: Day ___________________ Evening ___________________
E-Mail: ________________________

Accessible Format Requirements  Y/N?  
Large Print______ TDD______ Other_____

Person(s) discriminated against if different from above:
Name: __________________________  Name: ________________________
Address: __________________________  Address: ________________________  _________________________________________  ________________________
Phone: __________________________  Phone: ________________________  _________________________________________  ________________________

Please explain your relationship to this person(s):
_____________________________________________________________________________________
_____________________________________________________________________________________

Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the Commission in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken. Please also explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach any materials pertaining to your case).

Please indicate which of the following is the basis of your complaint:
___ Race/Ethnicity   ___ National Origin   ___ Color

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
What is the most convenient time and place for us to contact you about this complaint?

______________________________________________________________________

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: ________________________________
Phone: ________________________________
E-Mail: ________________________________

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

Name: _____________________________________
Address: _____________________________________
__________________________________________ Zip________
Phone: _____________________________________
E-Mail: _____________________________________

To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: ______________________________
Most recent date of discrimination: __________________________

Complaints of discrimination should be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is 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.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please list below any persons (witnesses or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name: __________________________  Name: ________________________
Address: __________________________  Address: ________________________
________________________________________  __________________________
Phone: __________________________  Phone: ________________________
E-Mail: __________________________  E-Mail: ________________________
Do you have any other information that you think is relevant to our investigation of your allegations?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What remedy are you seeking for the alleged discrimination?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you filed a case or complaint with any of the following? (Check the appropriate item)

__Civil Rights Division, U.S. Dept. of Justice ___U.S. Environmental Protection Agency
__U.S. Department of Transportation – Federal Highway Administration ___U.S. Department of Transportation - Federal Transit Administration
__Other Federal Agency ___State of Wisconsin Department of Justice
__Federal or State Court ___Attorney (note the name and address above)
__Other (specify)_________________________

For any item checked above, please provide the following information:
Name of agency:________________________________________________________
Date filed:________________________________________________________________
Case or docket number:_____________________________________________________
Date or trial or hearing:______________________________________________________
Location of agency or court:_________________________________________________
Name of investigator:_______________________________________________________
Status of case:_____________________________________________________________
Additional comments:_______________________________________________________
__________________________________________________________________________

We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below:

_____________________________________   __________________
Signature         Date