Pioneer Valley Metropolitan Planning Organization  
60 Congress Street, Floor 1  
Springfield, MA 01104

**Discrimination Complaint Form**

Please provide the following information in order for us to process your complaint. This form is available in alternate formats and multiple languages. Should you require these services or any other assistance in completing this form, please let us know.

Name:__________________________________________________________

Address:________________________________________________________

Telephone Numbers: (Home)_____________(Work)_____________(Cell)_____________

Email Address:_____________________________________________________

**Please indicate the nature of the alleged discrimination:**

Categories protected under *Title VI of the Civil Rights Act of 1964*:

☐ Race ☐ Color ☐ National Origin (including limited English Proficiency)

Additional categories protected under related Federal and/or State laws/orders:

☐ Disability ☐ Age ☐ Sex ☐ Sexual Orientation ☐ Religion ☐ Ancestry

☐ Gender ☐ Ethnicity ☐ Gender Identity ☐ Gender Expression ☐ Creed

☐ Veteran’s Status ☐ Background

**Who do you allege was the victim of discrimination?**

☐ You ☐ A Third Party Individual ☐ A Class of Persons

**Name of individual and/or organization you allege is discriminating:**

________________________________________________________

Do you consent to the investigator sharing your name and other personal information with other parties to this matter when doing so will assist in investigating and resolving your complaint?

☐ Yes ☐ No

60 Congress Street. • Floor 1 • Springfield, MA 01104  
Phone: 413-781-6045  Fax: 413-732-2593  TTY: 413-781-7168  
pvmpo.pvpc.org
**Please describe your complaint.** You should include specific details such as names, dates, times, witnesses, and any other information that would assist us in our investigation of your allegations. Please include any other documentation that is relevant to this complaint. You may attach additional pages to explain your complaint.

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Have you filed this complaint with any other agency (Federal, State, or Local)?

☐ Yes   ☐ No

If yes, please identify:________________________________________________________________________________________________________________________________________

Have you filed a lawsuit regarding this complaint?

☐ Yes   ☐ No

If yes, please provide a copy of the complaint.

Signature:______________________________________________________________________________________Date:____________________

**Mail to:**
Title VI Specialist Pioneer Valley
Metropolitan Planning Organization
60 Congress Street, Floor 1
Springfield, MA 01104

gmroux@pvpc.org

Title VI Coordinator, MassDOT
Office of Diversity and Civil Rights
Suite 3800, 10 Park Plaza
Boston, MA 02115

MassDOT.CivilRights@state.ma.us

**Email to:**
