

## **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 alle Categories protected under <i>Title VI of the</i>		
□Race □Color □National C	•	
Additional categories protected under re		
□Disability □Age □Sex □	Sexual Orientation	n □Religion □Ancestry
☐Gender ☐Ethnicity ☐Gend	der Identity 🔲 Ge	ender Expression
□Veteran's Status □Backgrour	nd	
Who do you allege was the victim of	discrimination?	
☐You ☐A Third Party Individual	☐A Class of Pers	sons
Name of individual and/or organization	on you allege is o	liscriminating:
Do you consent to the investigator sh with other parties to this matter when resolving your complaint?    Yes  No		

•	es, witnesses, and any other information that would assist us in our ion 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)?
	filed this complaint with any other agency (Federal, State, or Local)?
□Yes	□No
□Yes	<u> </u>
☐Yes	□No
☐Yes If yes, ple	□No ase identify:  i filed a lawsuit regarding this complaint?
☐Yes  If yes, ple  Have you  ☐Yes	□No ase identify:  i filed a lawsuit regarding this complaint?
☐Yes  If yes, ple  Have you  ☐Yes	□No ase identify:  filed a lawsuit regarding this complaint?  □No
☐Yes  If yes, ple  Have you  ☐Yes	□No ase identify:  filed a lawsuit regarding this complaint?  □No
☐Yes If yes, ple  Have you  ☐Yes If yes, ple	□No ase identify:  filed a lawsuit regarding this complaint?  □No ase provide a copy of the complaint.
☐Yes If yes, ple  Have you  ☐Yes If yes, ple	□No ase identify:  filed a lawsuit regarding this complaint?  □No
☐Yes If yes, ple  Have you  ☐Yes If yes, ple	□No ase identify:  filed a lawsuit regarding this complaint?  □No ase provide a copy of the complaint.

Metropolitan Planning Organization 60 Congress Street, Floor 1

Springfield, MA 01104

Email to: gmroux@pvpc.org

Office of Diversity and Civil Rights Suite 3800, 10 Park Plaza Boston, MA 02115

MassDOT.CivilRights@state.ma.us