

Miami Valley Regional Planning Commission Discrimination Complaint Procedures

The Miami Valley Regional Planning Commission (MVRPC) strongly opposes the discrimination of any person for any reason, including race, color, national origin, age, gender, disability, or proficiency in English.

These procedures cover all external complaints regarding MVRPC's programs and activities filed under Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the grounds of race, color, or national origin. These procedures also cover external complaints regarding MVRPC's programs or activities filed under other related non-discrimination laws that additionally prohibit discrimination on the basis of disability, sex, or age.

Complaint Procedure

- A. Any individual, group of individuals, or entity that believes they have been subjected to discrimination prohibited by Title VI or other non-discrimination laws may file a written complaint with the MVRPC Executive Director. A formal complaint must be filed within 180 calendar days of the alleged occurrence. However, the complainant has the right to also file a complaint with the State DOT Division of Opportunity, Diversity and Inclusion and with the appropriate federal agency.
- B. Upon receipt of a complaint, the complaint will be logged and FHWA, Headquarters Civil Rights (FHWA, HCR) as well as ODOT's Division of Opportunity, Diversity, and Inclusion will be promptly notified.
- C. Complaints filed with MVRPC in which MVRPC is named as the Respondent shall be forwarded to ODOT: ATTN: Title VI Coordinator for processing.
- D. Complaints received by ODOT or FHWA, HCR filed against Federal-aid sub-recipients of MVRPC may be sent to MVRPC for investigation.
- E. Complaints filed with MVRPC against its recipients shall be processed by MVRPC in accordance with FHWA approved procedures as required pursuant to 23 CFR 200.
- F. A final determination of Title VI or other non-discrimination complaints will be made by the Federal Highway Administration in coordination with ODOT's Division of Opportunity, Diversity and Inclusion and MVRPC.
- G. Once a complaint determination becomes final, the parties will be properly notified of the resolution of the complaint, including recommendations to remedy any discriminatory practice – if such practice is identified, and any appeal rights.

For more information regarding the MVRPC complaint process, please contact:

Brian O. Martin
Executive Director
10 N Ludlow St, Suite 700
Dayton, OH 45402
937.223.6323
bmartin@mvrpc.org

Miami Valley Regional Planning Commission Complaint Form	
NAME (Complainant):	PHONE: ()
HOME ADDRESS (Include City, State and ZIP):	E-MAIL (If Applicable):
Basis of Discriminatory Action(s): _____ Race _____ Color _____ National Origin _____ Sex _____ Age _____ Disability _____ Limited English Proficiency (LEP)	
Date of Alleged incident:	Location and position of person(s) who alleged discriminated against you if known:
Explain briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Please attach additional pages as needed or any additional written material about your complaint.	

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What other information do you think is relevant to this complaint?

How can this issue or issues be resolved to your satisfaction?

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Please list below the names, addresses, phone numbers and job titles of person(s) we may contact for additional information about your complaint (witnesses, fellow employees, **supervisors**, others):

NAME	ADDRESS	PHONE NUMBER	JOB TITLE

Signature:

Date:

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Miami Valley Regional Planning Commission Formulario de Reclamos	
NOMBRE (Reclamante):	TELÉFONO: ()
DIRECCIÓN DOMICILIO (Incluya ciudad, estado, y código postal):	CORREO ELECTRÓNICO (si procede):
<p>Causa(s) de la discriminación (marque todos los que correspondan):</p> <p>_____ Raza _____ Color _____ Nacionalidad _____ Género _____ Edad _____ Discapacidad</p> <p>_____ Dominio limitado del idioma inglés (LEP)</p>	
Fecha de la presunta discriminación:	Lugar y título de la persona que discriminó contra usted:
<p>Explique lo más claro posible qué ocurrió y por qué cree que fue discriminado. Describa a todas las personas involucradas y porque piensa que ha sido tratado diferente a otras personas. Incluya el nombre y la información de contacto de las personas que lo discriminaron (si las conoce). Si necesita más espacio, utilice el reverso de este formulario.</p>	

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Incluya toda la información que crea relevante:

En su opinión como se puede resolver este problema a su satisfacción:

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Incluya el nombre y la información de contacto de personas a las que podamos contactar para adquirir más información. (testigos, compañeros de trabajo, supervisores, y otros contactos relevantes):

NOMBRE	DIRECCIÓN	TELÉFONO	TÍTULO
Firma:		Fecha:	