

Title VI Statement

The Franklin County Metropolitan Planning Organization (MPO) assures that no person shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the grounds of race, color, national origin, religion, sex, or Limited English Proficiency as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (P.L. 100.259).

Any person who believes that they have been subjected to discrimination on the grounds of race, color, national origin, religion, sex, or Limited English Proficiency may file a complaint with the Franklin County MPO within 180 calendar days of the occurrence, when the discrimination became known to the Complainant, or for ongoing discrimination the latest occurrence.

Title VI Complaint Form

(A PDF version of this form is also available in English to be printed, filled out, and mailed)

Complainant Name: _____

Name of Individual Assisting Complainant: _____

Phone Number: _____

Assisting Individual Phone Number: _____

Email Address: _____

Mailing Address

Basis of Complaint (Check All that Apply):

Race

Age

Color

Disability

National Origin

Retaliation

Sex

Other: _____

Date(s) of the alleged discrimination: _____



Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint.

Please provide the name(s), title, and address of the person who discriminated against you.

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incidents

Please list any other agency where you have filed a complaint about this.



E-Signature: _____

(By retyping your name (or the name of the person you are filling out this form for) you attest that the above information is true and accurate to the best of your knowledge.)

Date of Complaint: _____

If you prefer, you may download the above form as a pdf in English, print it, fill it out, and mail it to:

Risk Manager
Franklin County Risk Management Department
Franklin County Administration Building
272 North Second Street
Chambersburg, PA 17201

