**Title VI Complaint Form**

Use this form to file any Title VI Complaint with the CTUIR Planning Office.

### Section I:

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Telephone (Work):</td>
</tr>
<tr>
<td>Electronic Mail Address:</td>
</tr>
</tbody>
</table>

### Section II:

Are you filing this complaint on your own behalf?  
Yes* No  
*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes No

### Section III:

I believe the discrimination I experienced was based on (check all that apply):

- [ ] Race  
- [ ] Color  
- [ ] National Origin  

Date of Alleged Discrimination (Month, Day, Year): __________

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

____________________________________________________________________________  
____________________________________________________________________________

### Section IV

Have you previously filed a Title VI complaint with this agency?  
Yes No

### Section V

Have you filed this complaint with any other Tribal, Federal, State, or local agency, or with any Tribal, Federal or State court?  
[ ] Yes [ ] No
If yes, check all that apply:

- [] Tribal Court _______________________  [ ] Tribal Agency __________________ 
- [] Federal Agency: _______________________ 
- [] Federal Court _______________________  [ ] State Agency __________________ 
- [] State Court _______________________  [ ] Local Agency __________________ 

Have you filed this complaint with any other Tribal, Federal, State, or local agency, or with any Tribal, Federal or State court?

- [] Yes  [ ] No

If yes, check all that apply:

- [] Tribal Court _______________________  [ ] Tribal Agency __________________ 
- [] Federal Agency: _______________________ 
- [] Federal Court _______________________  [ ] State Agency __________________ 
- [] State Court _______________________  [ ] Local Agency __________________ 

Please provide information about a contact person at the agency/court where the complaint was filed.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Agency:</th>
<th>Address:</th>
<th>Telephone:</th>
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**Section VI**

Name of agency complaint is against:

<table>
<thead>
<tr>
<th>Contact person:</th>
<th>Title:</th>
<th>Telephone number:</th>
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<tbody>
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</table>

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_________________________  ____________________
Signature                    Date

Please submit this form in person at the address below, or mail this form to:

Attn: Public Transit Program Manager
Confederated Tribes of the Umatilla Indian Reservation
Planning Office
46411 Timine Way
Pendleton, OR 97801