

Richland County Regional Planning Commission
Discrimination Complaint Form

This form may be used to file a written complaint with the Richland County Regional Planning Commission concerning its planning, management and program administration in compliance with federal regulations that prohibit discrimination and seek to foster equal opportunity. This complaint may deal with the organization as a “Regional Planning Commission” established under Ohio laws, or as a Metropolitan Planning Organization (MPO.) This complaint process includes, but is not limited to Title VI and Executive Order 12898 (Environmental Justice.)

A complaint may be filed by a representative on behalf of a complainant. The complaint must be filed no later than 180 calendar days from the most recent date of the alleged discrimination. The filing date is the day you complete, sign, and mail this complaint form. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint. For assistance, call (419) 774-5684 or e-mail jshetty@rcrpc.org.

Use of this form is encouraged, but not required in order to submit a written complaint.

Submit signed original forms by mail or deliver to:
ATTN: Complaint Resolution,
Richland County Regional Planning
35 N Park Street
Mansfield OH 44902

Section I:			
Name:		Telephone:	
Address:			
City:	State:		Zip Code
Section II:			
Are you filing this complaint on your behalf	Yes*	No	
<ul style="list-style-type: none"> If “yes”, go to Section III 			
If not, Please supply name and relationship of the person for whom you are complaining			
Do you have permission of the aggrieved party	Yes	No	
Section III:			
Were you discriminated against because of:			
Race	Color	National Origin	(Title VI ó Civil Rights Act of 1964)
Date of Alleged Discrimination			

APPENDIX C

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Explain how other persons were treated differently by the person/agency who discriminated against you. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form, or additional sheets.

Section IV

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

Yes No

If yes, Check all that apply

federal Agency Federal Court State Court State Agency Local Agency

If so, please identify to whom you have made the report, the date on which you made the report, and the resolution. Provide/attach any supporting documentation.

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

Signature

Date