

Appendix A.

Discrimination Complaint Form

Lower Rio Grande Valley Development Council
DISCRIMINATION COMPLAINT FORM

Complainant's Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Discrimination because of:

- Race Color National Origin Sex Age Religion Gender
 Sexual Orientation Ethnicity Disability Veteran Status

Please provide the date(s) and location of the alleged discrimination, the name(s) of the individual(s) who allegedly discriminated against you, including their titles (if known).

Please provide the names, addresses and telephone numbers of any witnesses.

Explain as briefly and as clearly as possible what happened, how you feel that you were discriminated against, and who was involved. If applicable, please include how other persons were treated differently from you.

Signature: _____ **Date:** _____

Received by: _____ **Date:** _____

Deliver or mail to: Title VI Complaint/ ATTN: Transit Director/ 510 S. Pleasantview Dr./ Weslaco, TX 78596

Appendix B.

Discrimination Determination Form

Lower Rio Grande Valley Development Council
DISCRIMINATION DETERMINATION FORM

Complainant's Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Discrimination because of:

- Race Color National Origin Sex Age Religion Gender
 Sexual Orientation Ethnicity Disability Veteran Status

When (date & time) did the event occur? _____
Where did the event occur? _____

1. Upon review of the complaint, is further investigation warranted? YES NO

If 'NO', provide a justification/reasons for why not:

If 'YES', obtain a written statement from the employee who is alleged to have discriminated. Obtain written statements from witnesses (if any) of the incident. (Attach the statements to this form.)

2. Based on the information obtained, was an act of discrimination committed?

YES NO INDETERMINATE

If 'INDETERMINATE' describe the reasons and identify a plan of action to address those reasons. If 'NO' provide a justification/reasons for why not:

If 'YES' provide a determination of the case in question. List any corrective actions.

Signature: _____ **Date:** _____

Determination made by: _____

Date of determination: _____

Date client response letter sent: _____

If determination letter is forwarded, indicate to whom: _____

Appendix C

Discrimination Determination Appeal Form

Lower Rio Grande Valley Development Council
DETERMINATION APPEAL FORM

Complainant's Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____

Discrimination because of:

- Race Color National Origin Sex Age Religion Gender
 Sexual Orientation Ethnicity Disability Veteran Status

When (date & time) did the event occur? _____
Where did the event occur? _____

3. Upon review of the complaint, is further investigation warranted? YES NO

If 'NO', provide a justification/reasons for why not:

If 'YES', obtain a written statement from the employee who is alleged to have discriminated. Obtain written statements from witnesses (if any) of the incident. (Attach the statements to this form.)

4. Based on the information obtained, was an act of discrimination committed?

- YES NO INDETERMINATE

If 'INDETERMINATE' describe the reasons and identify a plan of action to address those reasons. If 'NO' provide a justification/reasons for why not:

If 'YES' provide a determination of the case in question. List any corrective actions.

Signature: _____ **Date:** _____

Determination made by: _____

Date of determination: _____

Date client response letter sent: _____

If determination letter is forwarded, indicate to whom: _____

Appendix D.

List of Investigations, Complaints, Lawsuits

Lower Rio Grande Valley Development Council
LIST OF INVESTIGATIONS, COMPLAINTS, LAWSUITS

Summary: There have been no Title VI investigations, complaints or lawsuits in the given time period.

	Date (Month, Day, Year)	Summary (Includes basis of complaint: race, color, national origin)	Status	Action Taken
Investigations				
Lawsuits				
Complaints				