



Hidalgo County Regional Mobility Authority
Title VI and ADA External Discrimination
Complaint Form

Mail the completed and signed form to:

HCRMA
Title VI/ADA Coordinator
203 W. Newcombe Ave
Pharr TX, 78577

Last Name:	First Name and Middle Initial:
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Mailing Address (include city, state, and zip code):

Telephone:	Email:
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Preferred Method of Contact: Telephone Email Other (Please Specify)

Please indicate the basis of your complaint by checking one or more of the options listed:

Race _____

Color _____

Age _____

Gender _____

National Origin _____

Disability _____

Date and place of alleged discriminatory action(s). Please indicate the earliest date of discrimination and the most recent date of discrimination.

How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents, if available.

The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.

Names of persons (witnesses, coworkers, supervisors or others) whom we may contact for additional information to support or clarify your complaint (attach additional pages, if necessary).

Name	Address	Telephone
1)		
2)		
3)		
4)		

What action(s) have you or your representative taken to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

- | Action: | Date: |
|---|-------|
| <input type="checkbox"/> Filed with the Federal Highway Administration | _____ |
| <input type="checkbox"/> Filed with the U.S. Department of Transportation | _____ |
| <input type="checkbox"/> Filed with another Federal Agency | _____ |
| <input type="checkbox"/> Filed in Federal Court | _____ |
| <input type="checkbox"/> Other Action | _____ |

Please provide any additional information you feel would be helpful in investigating this matter.

Briefly explain what remedy, or action, you are seeking for the alleged discrimination.

We do not accept unsigned complaints. Please make sure to sign and date the complaint form below.

Signature

Date