

Erie Area Metropolitan Planning Organization
Discrimination Complaint Form

First Name MI Last Name

Street Address City State Zip Code

Telephone Number e-mail Address

1. Who do you believe discriminated against you?

First Name MI Last Name

Name of Business/Organization Position/Title

2. When did the alleged act(s) of discrimination occur? Please list all applicable dates in mm/dd/yyyy format. Date(s): _____ Is the alleged discrimination ongoing? Yes No

3. Where and how did the alleged act(s) of discrimination occur?

Name of Location

4. Indicate the basis of your grievance of alleged discrimination

Race: National Origin: Age: Color: Sex: Disability: Religion:

5. Please explain what happened and how you were discriminated against. Please add any additional relevant information you have such as names and contact information of witnesses. (attach additional pages as needed)

Signature Date

Please mail this form to: Erie MPO
150 East Front Street—Suite 300
Erie, PA 16507

Email: ealoiz@eriecountypa.gov