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
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.
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Appendix C

Discrimination Determination Appeal Form
Lower Rio Grande Valley Development Council
DETERMINATION APPEAL FORM

Complainant’s Name: ____________________________________________________________
Street Addresss: _______________________________________________________________
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.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Deliver or mail to: Title VI Complaint/ ATTN: Transit Director/ 510 S. Pleasantview Dr./ Weslaco, TX 78596
Appendix D.

List of Investigations, Complaints, Lawsuits
Summary: There have been no Title VI investigations, complaints or lawsuits in the given time period.

<table>
<thead>
<tr>
<th></th>
<th>Date (Month, Day, Year)</th>
<th>Summary (Includes basis of complaint: race, color, national origin)</th>
<th>Status</th>
<th>Action Taken</th>
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</thead>
<tbody>
<tr>
<td>Investigations</td>
<td></td>
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<tr>
<td>Lawsuits</td>
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<tr>
<td>Complaints</td>
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