



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 AGENCY \_\_\_\_\_ STATE COURT  
\_\_\_\_\_ LOCAL AGENCY

PLEASE PROVIDE INFORMATION ABOUT A CONTACT PERSON AT THE AGENCY/COURT WHERE THE COMPLAINT WAS FILED.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, AND ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PLEASE SIGN BELOW. YOU MAY ATTACH ANY WRITTEN MATERIALS OR OTHER INFORMATION THAT YOU THINK IS RELEVANT TO YOUR COMPLAINT.

\_\_\_\_\_  
SIGNATURE DATE

PLEASE MAIL THIS FORM TO:  
HIDALGO COUNTY METROPOLITAN PLANNING ORGANIZATION  
510 S. PLEASANTVIEW DRIVE  
WESLACO, TEXAS 78596