

## TITLE VI COMPLAINT FORM – Page 1

Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination in any program, service, or activity receiving federal assistance.”

This form may be used to file a complaint with the City of Midland Dial-A-Ride based on violations of Title VI of the Civil Rights Act of 1964. **Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 day period, you have 60 days after you became aware to file your complaint.**

*If you need assistance completing this form for any reason, including language interpretation services please contact the Assistant Director of Public Services, by phone: (989) 837-6908, or by e-mail at [jyuergen@midland-mi.org](mailto:jyuergen@midland-mi.org).*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email Address: \_\_\_\_\_

Do you or the individual you are filing this complaint require language assistance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Individual(s) discriminated against, if different than above (use additional pages, if needed).**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email Address: \_\_\_\_\_

Has the individual filing this complaint done so in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain your relationship with the individual(s) indicated above: \_\_\_\_\_

**Name of agency and department or program that discriminated:**

Agency or department name: \_\_\_\_\_

Name of individual (if known): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Date(s) of alleged discrimination:** Date discrimination began \_\_\_\_\_ Last or most recent date \_\_\_\_\_

**ALLEGED DISCRIMINATION:**

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

\_\_\_\_\_ **Race**          \_\_\_\_\_ **Religion**          \_\_\_\_\_ **Color**          \_\_\_\_\_ **National Origin**

Explain: Please explain as clearly as possible what happened. Provide the name(s) of witness and others involved in the alleged discrimination. (Attach additional sheets, if necessary, and provide a copy of written material pertaining to your case).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Witness Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**Signature of Person Preparing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to:** Assistant Director of Public Services, 333 W. Ellsworth, Midland, Michigan 48640, phone: (989) 837- 6908, fax: (989) 835-5651, or via e-mail: [jyuergen@midland-mi.org](mailto:jyuergen@midland-mi.org).

**Note:** *The City of Midland prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the city. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*