

## TITLE VI – COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states that, "No person in the United States shall on the basis 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 financial assistance."

This form may be used to file a complaint with the Michigan Department of Transportation (MDOT) for alleged violations of Title VI of the Civil Rights Act of 1964. **If you need assistance completing this form, please contact us by phone at (517) 373-0980 or via FAX (517) 335-8841 or TDD/TTY through the Michigan Relay Center at (800) 649-3777.**

**Only the complainant or the complainant's designated representative should complete this form.**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE

FAX

**Individual(s) discriminated against, if different from above (use additional page(s) if necessary):**

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE NO.

WORK TELEPHONE NO.

FAX NO.

PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

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

AGENCY AND DEPARTMENT NAME

NAME OF INDIVIDUAL (if known)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

FAX NO.

**Date(s) of alleged discrimination:**

DATE DISCRIMINATION BEGAN

LAST OR MOST RECENT DATE OF DISCRIMINATION

**Alleged discrimination:**

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 the 180 day period, you have 60 days after you became aware to file your complaint.

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

*Example:* If you believe that you were discriminated against because you are African American, you would mark the box labeled *Race or Color* and write *African American* in the space provided.

*Example:* If you believe the discrimination occurred because you are female, you would mark the box labeled *sex* and write *female* in the space provided.

- Race: \_\_\_\_\_
- Color: \_\_\_\_\_
- National origin: \_\_\_\_\_
- Sex: \_\_\_\_\_
- Religion: \_\_\_\_\_
- Age: \_\_\_\_\_
- Disability: \_\_\_\_\_
- Income: \_\_\_\_\_
- Retaliation: \_\_\_\_\_

**Explain:**

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

---



---



---



---



---



---



---



---



---



---

SIGNATURE

DATE

**Note:** The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

MDOT, EEO Officer/Title VI Coordinator  
 Michigan Department of Transportation  
 425 W. Ottawa Street  
 Lansing, MI 48909  
 Phone: 517-373-0980  
 Fax: 517-373-2687