

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." If you feel you have been discriminated against in transit services, please provide the following information to assist us in processing your complaint.

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ (home)

_____ (cell) _____ (message)

Are you filing this complaint on your own behalf? [] Yes [] No*

*If no to this question, please give that person's information below.

Person discriminated against:

Address of person discriminated against:

City, State, Zip Code:

Please indicate why you believe the discrimination occurred:

- _____ Race or Color
- _____ National Origin
- _____ Income
- _____ Other

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list all witnesses' names and phone numbers:

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 Court _____
 State Agency _____
 Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone number: _____

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

Title VI Coordinator
Gratiot County Commission on Aging
515 S Pine River St, Ithaca, MI 48847
989-875-5246
989-875-5281
jcook@gratiotmi.com

Your Signature

Print Name

Date