

TITLE VI – COMPLAINT FORM

This form may be used to file a complaint with the Washtenaw Area Transportation Study (WATS) for alleged violations of Title VI of the Civil Rights Act of 1964. **If you need assistance completing this form due to a physical impairment or other reasons, please contact us by phone at (734) 994-3127 or via FAX (734) 994-3129 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
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HOME TELEPHONE	WORK TELEPHONE	FAX
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Individual(s) discriminated against, if different from above (use additional page(s) if necessary):

NAME

STREET ADDRESS

CITY	STATE	ZIP CODE
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HOME TELEPHONE	WORK TELEPHONE	FAX
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PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE

Name of Agency and department or program that discriminated:

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

FAX

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 days 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 bases on which you believe these discriminatory actions were taken.

Example: If you believe that you were discriminated against because you are African American, you would mark the box labeled *race/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.

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|--|---|
| <input type="checkbox"/> Race/Color _____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> National origin _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Disability _____ |

