

APPENDIX D – TITLE VI COMPLAINT FORM

Genesee County Metropolitan Planning Commission TITLE VI – COMPLAINT FORM

This form may be used to file a complaint with the Genesee County Metropolitan Planning Commission (GCMPC) for alleged violations of Title VI of the Civil Rights Act of 1964, and related statutes. You are not required to use this form; a letter that provides the same information may be submitted to file your complaint. **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, please contact Ms. Christine Durgan by phone at (810) 257-3010 or via FAX (810) 257-3185 or by TDD/TTY through the Michigan Relay Center by dialing 711.

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

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work)

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

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (home) _____ (work)

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):

Address: _____

City: _____ State: _____ Zip: _____

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

____ Age

____ Sex

____ Disability

____ Income

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 material pertaining to your case).

Signature: _____ Date: _____

Please return completed form to: Ms. Christine Durgan, GCMPC Title VI Coordinator/EEO Officer; Genesee County Metropolitan Planning Commission; 1101 Beach Street, Room 111; Flint, Michigan 48502-1470; Phone: (810) 257-3010; Fax: (810) 257-3185; E-mail: CDurgan@geneseecountymi.gov

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