Clear Form

Michigan Department
of Transportation
0112 (12/19)

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.

☐ Race: _____ ☐ Color: _____ ☐ National origin: _____

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:*

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Lansing, MI 48909
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Fax: 517-335-0945
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