

## Appendix C 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 yes 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:

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Please list all witnesses' names and phone numbers:

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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?

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

Lauri Czarnecki, Support Services Coordinator  
Montcalm County Commission On Aging  
613 North State Street, P.O. Box 212  
Stanton, MI 48888  
Phone (989) 831-7476  
Fax (989) 831-7485  
Email address: [lczarnecki@montcalm.us](mailto:lczarnecki@montcalm.us)

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date