



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."

The Rapid fully complies with Title and related statutes and regulations in all programs and activities. The Rapid operates without regard to race, color, or national origin. Any person who believes him/herself or any specific class of persons, to be subject to discrimination prohibited by Title VI may file this form. If you need assistance completing this form, please contact us by phone at 616-456-7514.

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race                       Color                       National Origin

Date of Alleged Discrimination (Month, Day, Year): \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use an additional sheet.

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You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below:

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Signature

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Date

Please submit this form in person at the address below, or mail this form to:

**The Rapid**  
Title VI Coordinator  
300 Ellsworth Ave SW  
Grand Rapids, MI 49503