



Formulario de quejas del Título VI

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 acata las normativas del Título VI y otros estatutos y reglamentos relacionados en todos sus programas y actividades. The Rapid opera sin distinción a raza, color, nacionalidad, credo, ingresos, genero, edad o discapacidades. Cual persona que crea que ha sido perjudicado/a por una práctica dicriminatoria prohibido bajo el Título VI puede llenar este formulario. Si necesita asistencia completando este formulario por favor contáctenos por telefono a 616-456-7514.

Form with sections: Sección I (Nombre, Dirección, Teléfono, etc.) and Section II (Are you filing this complaint on your own behalf?, etc.).

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.

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

Signature and date required below

Signature

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