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 Rapid for alleged violations of Title VI of the Civil Rights Act of 1964.

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

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER

Individual(s) discriminated against, if different from above (use additional page(s) if necessary):

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER
PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDICATED ABOVE		

Name of Agency and department or program that discriminated against complainant:

AGENCY AND DEPARTMENT NAME		
NAME OF INDIVIDUAL (If known)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	

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 of filing your complaint.

If your complaint is regarding 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, 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, including specific details and relevant facts.

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

Please submit Title VI to The Rapid by mail or email to the following address:

Planning Department
The Rapid
300 Ellsworth Ave SW
Grand Rapids, MI 49503

Email: TitleVI@ridetherapid.org