APPENDIX D - TITLE VI COMPLAINT FORM

VILLAGE OF GROSSE POINTE SHORES, A MICHIGAN CITY
TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall on the grounds 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 assistance.”

This form may be used to file a complaint with the Village of Grosse Pointe Shores, A Michigan City based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a letter that provides the same information may be submitted to file your complaint. **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 180 day period, you have 60 days after you became aware to file your complaint.**

*If you need assistance completing this form, please contact Mark Wollenweber by phone at (313) 881-6565 or via e-mail at Mwollenweber@gpshoresmi.gov.*

Name: ____________________________ Date: ____________________________

Street Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________

Telephone: ____________________________ (home) ____________________________ (work)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: ____________________________ Date: ____________________________

Street Address: ____________________________

City: ____________________________ State: ____________________________ Zip: ____________

Telephone: ____________________________ (home) ____________________________ (work)

Please explain your relationship with the individual(s) indicated above: ____________________________

Name of agency and department or program that discriminated:

Agency or department name: ____________________________

Name of individual (if known): ____________________________

Address: ____________________________
City: ____________________  State: ____________________  Zip: __________

Date(s) of alleged discrimination:
Date discrimination began __________________  Last or most recent date __________

ALLEGED DISCRIMINATION:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

____ Race  ______ Disability  ______ Sex
____ Color  ______ Religion  ______ Income
____ Age  ______ National Origin  ______ Retaliation

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 material pertaining to your case).

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Signature: _______________________________  Date: ___________________________

Please return completed form to: Mark Wollen Weber, 795 Lake Shore Road, Grosse Pointe Shores, MI 48236, Mwollenweber@gpshoresmi.gov, (313) 881-6565 phone, and (313) 881-2622 fax.

Note: The Village of Grosse Pointe Shores, A Michigan City prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the City. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.