

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights and related nondiscrimination statutes and regulations require that no person in the United States shall on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Harbor Transit 440 North Ferry St., Grand Haven, MI 49417

1. Complainant's Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home) _____ Business: _____

5. Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race/Color c. Sex e. Disability

b. National Origin d. Age MTA/CS025 Page 2 of 2 7. What date did the alleged discrimination take place?

8. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

9. 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 each box that applies:

Federal agency Federal Court State agency

State Court Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

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

Complainant's Signature Date