## **TITLE VI COMPLAINT FORM**

## HARBOR TRANSIT MULTI-MODAL TRANSPORTATION SYSTEM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal Financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of **race**, **color**, or **national origin**, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Environmental Justice component of Title VI guarantees fair treatment and meaningful involvement for all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Executive Order 12898 directs Harbor Transit to make achieving environmental justice part of its mission by identifying and addressing (when appropriate) disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority and low-income populations, and to undertake reasonable steps to ensure that Limited English Proficiency (LEP) persons have meaningful access to the programs, services, and information provided by Harbor Transit.

In order to be processed, the signed, original complaint forms must be mailed or hand delivered to:

Harbor Transit Attn: Human Resources Director 440 North Ferry St. Grand Haven, MI 49417

Upon request, reasonable accommodations will be made for persons who are unable to complete the complaint form due to disability or Limited English Proficiency. A complaint may also be filed by a representative on behalf of a complainant.

Section 1:				
Name:				
Address:				
City:		State:	ZIP Code:	
Email Address:	Home Pho	one:	Work Phone:	
Section II:				
Did anyone else witness the incident? [] Yes [] No				
Please list any witnesses, including name, address, and phone number (use a separate sheet, if necessary):				

## TITLE VI COMPLAINT FORM (cont'd)

Section III:	
I believe the discrimination I experienced was based on (check all that apply):	
[]Race []Color []National Origin []Other:	
Date of Alleged Discrimination (Month, Day, Year):	
Explain as clearly as possible what happened and why you believe discrimination has occurre dates, location, and time of discrimination. Use additional sheets as necessary:	d. Please provide
Indicate the person(s) you believe responsible for the discrimination (if known):	
Name(s):	
Work Location (if known):	
Section IV:	
Have you previously filed a Title VI complaint with this agency? [] Yes [] No	
Section V:	
You may attach any written materials or other information that you think is relevant to your c	omplaint.
<i>I hereby swear/affirm that the information in this TITLE VI Complaint Form is true and correct to the best of my knowledge:</i>	
Signature:	Date:
Please submit this form in person at the address below, or mail this form to: Harbor Transit Attn: Human Resources Director 440 North Ferry St. Grand Haven, MI 49417	

Phone: (616) 842-0322

INTERNAL USE ONLY:

Date Received:

Signature/Human Resource Manager: