

APPENDIX D

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires 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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

WCRC County Road Commission
ATTN: Andrea Herman, Finance and Business Manager
85 W. M-115
Boon, MI 49618
23-775-9731

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone **Number:** _____ (home) _____ (cell)

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please check off why you believe the discrimination occurred:

____ race or color

____ national origin

____ income

____ other

What was the date of the alleged discrimination?

Where did the alleged discrimination take place?

Please describe the circumstances as you saw it:

Please list any and all witnesses' names and phone number:

What type of corrective action would you like to see taken?

Please attach any documents you have which support the allegation.

Then date and sign this form and send to WCRC (address is listed on page 1).

Your Signature

Print your name

Date

