APPENDIX D - TITLE VI COMPLAINT FORM

CITY OF LUNA PIER
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 City of Luna Pier 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 Crystal Manley by phone at 734-848-6495 ext. 205 or via e-mail at cmanley@cityoflunapier.com

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  _____ Religion
_____ Color  _____ National Origin
_____ Age  _____ Sex
_____ Disability  _____ Income

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).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Please return completed form to: Crystal Manley, Deputy Clerk, 4357 Buckeye Street, Luna Pier, MI 48157, Phone: 734-848-6495 ext. 205, Fax: 734-848-2714, Email: cmanley@cityoflunapier.com.

Note: The City of Luna Pier 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.