**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, shall be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

**SWMPC Complaint Procedures**

* Complaint forms are available from the website and in the reception area of the office.
* Form must be signed. No action will be taken with an unsigned form.
* Assistance may be given by staff or other available individual in filling out form.
* Original signed form must be sent to SWMPC Office -- mailed or hand delivered.
* Original signed form will be delivered to the Title VI Coordinator.
* A copy will be filed in the Southwest Michigan Planning Commission Title VI Complaint binder in the reception area. Copies of related materials will be attached as produced. Electronic copies may also be made and saved within the main SWMPC electronic storage. Either of these filings will be available upon request. A summary of complaints received will be compiled annually and included in any required reports.
* A copy of the signed form will be sent to the appropriate primary funding source's Civil Rights office within 10 business days.
* A letter of acknowledgment will be sent to the complainant within 10 business days.
* Response from the investigative agency will be provided to the complainant. Any action directed by that agency will be implemented.
* Appeals will be available according to the primary funding source's regulations.

If you feel you have been discriminated against in any service provided by the Southwest Michigan Planning Commission (SWMPC or "Commission") or any committees/sub-recipients/sub-committees under the jurisdiction of the Commission, such as, but not limited to, Twin Cities Area Transportation Study (TwinCATS), Niles/Buchanan/Cass Area Transportation Study (NATS), please provide the following information in order to assist us in processing your complaint. Your signed report will be sent to the appropriate primary funding source's Civil Rights office.

**PLEASE PRINT CLEARLY**

\*NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Person making complaint)*

\*ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Please include city, state and ZIP code*

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other)*

**Complaint Information**

Person(s) discriminated against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of person(s) discriminated against \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please include city, state and ZIP code*

Please indicate what you believe to be the basis of the discrimination:

\_\_\_ race or color \_\_\_ national origin \_\_\_ income

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of alleged discrimination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of the alleged discrimination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please include city, state and ZIP code*

Please describe circumstances as you saw it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Attach additional sheets if needed*

**Complaint Information**

*continued*

Please list any and all witnesses' names, addresses or other reliable contact information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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A*ttach additional sheets if needed*

Corrective action suggested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach any supportive documents or additional material.

\*SIGN and date this form, and send to:

Mr. K. John Egelhaaf, Executive Director

Southwest Michigan Planning Commission

376 W. Main Street, Suite 130

Benton Harbor, MI 49022

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\**your signature REQUIRED date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*print your name*

**\*REQUIRED**

**[***Submission by electronic means must still provide original document with signature***]**

For SWMPC office use only

Date arrived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ means USPS \_\_\_ Personal delivery \_\_\_ other \_\_\_

Signed yes \_\_\_ no \_\_\_

Date acknowledgment sent \_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent to Primary funding source CR office \_\_\_\_\_\_\_\_\_\_\_

List all other related materials and dates received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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