#### 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.
  - info on other languages inserted here
- Original signed form must be sent to SWMPC Office -- mailed or hand delivered.
   The original of a form faxed or submitted electronically must still be provided.
- 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 makin	g complaint)		
*ADDRESS					
	Pleas	se include city, s	state and ZIP code		
Telephone number:	(	(home)	(cell)_		_(other)
	(	Complaint I	nformation		
Person(s) discriminated again	st:				
Address of person(s) discrimi	nated again	nst			
	Pleas	se include city, s	state and ZIP code		
Please indicate what you belie	eve to be the	e basis of the	e discrimination:		
race or c	olor	na	tional origin	income	
Other					-
Date(s) of alleged discriminat	ion				
Location of the alleged discrip	mination				
Location of the aneget discri	iiiiatiUii				
	Pleas	se include city	state and 7IP code		

Please describe circumstances as you saw it	
Attach additional sheets if needed	
Timen didinonal sheets y needed	
Complaint Information	
continued	
Please list any and all witnesses' names, addresses or other reliable contact information:	
Attach additional sheets if needed	
Corrective action suggested	

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 185 East Main Street, Suite 701 Benton Harbor, MI 49022		
*your signature REQUIRED	date	
print your name	-	
*REQUIRED		

[submission by fax or any 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	<del></del>		
Date sent to Primary funding source CR	office	_	
List all other related materials and dates i	received:		