

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 _____

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 _____

Attach additional sheets if 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.

Southwest Michigan Planning Commission
376 W. Main Street, Suite 130 Benton Harbor, MI 49022
Phone: (269) 925-1137 Website: www.swmpc.org

*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*]

Southwest Michigan Planning Commission
376 W. Main Street, Suite 130 Benton Harbor, MI 49022
Phone: (269) 925-1137 Website: www.swmpc.org

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:
