APPENDIX D - TITLE VI COMPLAINT FORM

CITY OF MARQUETTE
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 Marquette 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 L. Michael Angeli by phone at 906-228-0435 or via e-mail at manager@marctv.org.

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  ___ Disability  ___ Sex
___ Color  ___ Religion  ___ Income
___ Age  ___ National Origin  ___ Retaliation

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: L. Michael Angeli, City Manager, 300 West Baraga Avenue, Marquette, MI 49855; Phone: 906-228-0435; Fax: 906-228-4029; Email: manager@mqcity.org.

Note: The City of Marquette 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.