## Detroit Department of Transportation Title VI Complaint Form

Section I:						
1. Name:						
2. Address:						
3. Telephone (Home):		3.2. Secondary Phone ( <i>Optional</i> ):				
4. Electronic Mail Address:						
5. Accessible Format	[] Large Print	]	] Audio Tape			
Requirements?	[ ] TDD	[	] Other			
Section II:						
6. Are you filing this complaint on your own behalf?		?	Yes*	No		
*If you answered "yes" to this question, go to Section III.						
7. If you answered "no" to #6, what is the name and relationship of the person for whom you are filing						
this complaint?						
Name:		Relationship	o:			
8. Please explain why you hav	ve filed for a third par	ty:				
9. Please confirm that you have obtained the permission of the			Yes	No		
aggrieved party if you are filing on behalf of a third party.						
Section III:						
10. I believe the discrimination I experienced was based on (check all that apply):						
[] Race [] Color [] National Origin						
11. Date of Alleged Discrimination (mm/dd/yyyy):						
12. Explain as clearly as possible what happened and why you believe you were discriminated against.						
Describe all persons who were involved. Include the name and contact information of the person(s) who						
discriminated against you (if known) as well as names and contact information of any witnesses. If more						
space is needed, please use back of this form.						

Section IV					
13. Have you previously filed a Title VI complaint with this agency?	Yes	No			
Section V					
14. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal orState court?[] Yes[] NoIf yes, check all that apply:					
[] Federal Agency:					
[] Federal Court [] State Agency					
[] State Court [] Local Agency					
15. If you answered "yes" to #15, provide information about a contact person at the agency/court where the complaint was filed.					
Name:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone number:					

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below to complete form:

Signature

Date

Please submit this form in person, by mail or send via email to the address below:

Detroit Department of Transportation 1301 East Warren Avenue Detroit, MI 48207 Attention: Office of Compliance – Title VI

DDOTtitle6@detroitmi.gov