Detroit Department of Transportation Title VI Complaint Form

SECTION I

Name:

Address:

City: **State:** **Zip code:**

Primary phone: **Secondary phone (optional):**

Email:

Accessible format requirements? ☐ Large Print ☐ Audio Tape ☐ TDD ☐ Other

SECTION II

Are you filing this complaint on behalf of someone else? ☐ Yes* ☐ No

If the answer is yes, go to Section III.

If the answer is no, what is the name and relationship of the person you are filing this complaint?

Name: **Relationship:**

Please explain why you have filed for a third party:

I confirm that I have obtained the permission to complete this portion of the application by the aggrieved party. ☐ Yes ☐ No

Detroit Department of Transportation Title VI Complaint Form

SECTION III

I believe the discrimination I experienced was based on (check all that apply):

☐ Race   ☐ Color   ☐ National origin

Date of alleged discrimination (mm/dd/yyyy): _____ / _____ / _____

DDOT investigates complaints received no more than 180 days after the alleged incident.

Describe how you were discriminated against. What happened and who was responsible? Please provide the names and contact information of all persons and witnesses involved, the location of the incident, and bus number. For additional space, attach additional sheets of paper or use the back of the form.

_____

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Detroit Department of Transportation Title VI Complaint Form

SECTION IV

Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No

SECTION V

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court? ☐ Yes ☐ No

If yes, check all that apply:

☐ Federal agency: _____   ☐ State agency: _____

☐ Federal court: _____   ☐ State court: _____

☐ Local agency: _____

Please provide information about a contact person at the agency/court where the complaint is filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Phone number: _____

SECTION VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Phone number: _____

Detroit Department of Transportation Title VI Complaint Form

A signature and date are required to complete and submit the form.

Signature: _____   **Date:** _____

Please submit completed form by:

1. Email to DDOTtitle6@detroitmi.gov; or

2. Mail to: Detroit Department of Transportation
   ATTN: Office of Compliance – Title VI
   100 Mack Ave
   Detroit, MI 48201