

# TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the KentCounty Road Commission (KCRC) based on purported 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 is sufficient to file your complaint.

**If you need assistance completing this form due to a physical impairment, please contact us by phone at (616) 242-6934 or FAX (616) 242-6938**

**Only the complainant or the complainant's designated representative should complete this form.**

Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	_____	_____
Home	Work	Fax.
<b>Please explain your relationship to the individual(s) indicated above:</b>		
<b>Name of agency, department or program that discriminated:</b>		
Agency or Department Name: _____		
Name of Individual if Known: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Fax: _____	_____
<b>Date(s) of alleged discrimination:</b>		
Date discrimination began: _____		
Last or most recent date of discrimination: _____		
<b>Waiver Request:</b>		
Generally, complaints of discrimination must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination listed was more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint:		

TITLE VI COMPLAINT FORM - CONTINUED

**Alleged discrimination:**

If your complaint is in regards to discrimination in the delivery of services or discrimination that involved the treatment of you or others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

*Example:* If you believe that you were discriminated against because you are African American, you would mark the box labeled *race/color* and write *African American* in the space provided.

*Example:* If you believe the discrimination occurred because you are female, you would mark the box labeled *sex* and write *female* in the box provided.

Race/Color	_____
National origin	_____
Sex	_____
Religion	_____
Age	_____
Disability	_____

**Explain:**

Please explain as clearly as possible what happened. Provide the name(s) of witnesses and others involved in the alleged discrimination. (Attach additional sheets if necessary and provide a copy of written materials pertaining to your case.)

**Signature**

**Date**

**Note:** *The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:*

**Attn: Director of Finance  
Kent County Road Commission  
1500 Scribner Avenue, N.W.  
Grand Rapids, MI 49504**