

**GRAND VALLEY METROPOLITAN COUNCIL
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 GVMC based on violations of Title VI of the Civil Rights Act of 1964. You are not required to use this form; a signed letter that provides the same information may be submitted to file your complaint. **Complaints must be filed within 180 days of the alleged discrimination unless the time for filing is extended by the Federal Highway Administration (FHWA).** GVMC will acknowledge receipt of the complaint within ten (10) days.

If you need assistance completing this form, please contact Gayle McCrath by phone at 616.776.7613 or via e-mail at mccrathg@gvmc.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:

Gayle McCrath, GVMC
Director of Human Resources and Administration
678 Front Avenue NW, Suite 200
Grand Rapids, MI 49504

(ph): 616.776.7613
(fax): 616.774.9292
(email): mccrathg@gvmc.org

Note: *The GVMC prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of GVMC. Please inform the person listed above if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*