



TITLE VI /ADA COMPLAINT FORM

Title VI of the 1964 Civil Rights and related nondiscrimination statutes and regulations require that no person in the United States shall on the grounds of race, color or national origin be excluded in participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complete and return this form to: Mass Transportation authority, Attn: Marie Stewart, ADA/Title VI Coordinator, 1401 South Dort Hwy., Flint, MI. 48503.

1. Complainant's Name _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone Number (home) _____ Business: _____

5. Person allegedly discriminated against (If someone other than the complainant)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

- a. Race/Color
- b. National Origin
- c. Disability



7. What date did the alleged discrimination take place?
8. In your own words, describe your complaint regarding the alleged discrimination. Explain what happened and who you believe is responsible. Please use the back of this form if additional space is required.
9. 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 each box that applies:
- Federal Agency/court State agency/court
- Local agency
10. Please provide information on the agency/court where the complaint was filed:
- Agency or Court Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint

Complainant's Signature

Date