



DETROIT PEOPLE MOVER

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

DTC's Human Resources Department is responsible for receiving complaints from anyone who believes that they have been or are being discriminated against in the provision of services or access to public transportation. Any complaint must be made directly by the party within 180 days after the date of the alleged discrimination. All complaints will be reviewed promptly and confidentially. If a violation is found, remedial steps will be taken as appropriate and necessary immediately. DTC will take measures to ensure effective access to passengers' programs, services and activities.

If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Detroit Transportation Corporation
500 Griswold, Suite 2900
Detroit, MI 48226
Attn. Title VI Administrator
EAlexander@thepeoplemover.com
FAX: (313) 221-1207

Please print clearly:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____(Home) _____(Cell) _____(Message)
_____ (Email)

Person discriminated against: _____

Address of person discriminated against: _____

City, State, Zip Code: _____

Please indicate why you believe the discrimination occurred:

- _____ Race
- _____ Color
- _____ National origin

What was the date of the alleged discrimination? _____

Where did the alleged discrimination take place? _____
(For additional space, please use the back of this form or attach additional sheets)

Please describe the circumstances as you saw them: _____

Please list any and all witnesses' names and phone numbers:

Have you filed a complaint with any other federal, state, or local agencies?

(Check one) Yes No

Agency: Contact Name: _____

Street Address, City, State, & Zip Code Phone: _____ Agency:

Contact Name: _____

Please attach any documents you have which support the allegation. Then, date and sign this form and send to the Human Resources Division, Title VI Administrator at:

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Your signature

Print your name

Date