

**TITLE VI COMPLAINT FORM**

This form may be used to file a complaint with the City of Ann Arbor 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 (734) 794-6120 or FAX (734) 994-5961.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Please explain your relationship to the individual(s) indicated above:

\_\_\_\_\_

Name of agency, department or program that allegedly discriminated:

\_\_\_\_\_

Agency or Department Name: \_\_\_\_\_

Name of Individual if Known: \_\_\_\_\_

Date(s) of alleged discrimination: \_\_\_\_\_

**Waiver Request:**

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:

Alleged discrimination:

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

