

# **Southeast Michigan Council of Governments (SEMCOG) 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 SEMCOG for alleged 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 may be submitted to file your complaint. **Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within 180 day period, you have 60 days after you became aware to file your complaint.**

*If you need assistance completing this form, please contact SEMCOG by phone at (313) 961-4266, or via e-mail at [infocenter@semcog.org](mailto:infocenter@semcog.org).*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

**Individual(s) discriminated against, if different from 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 or others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

\_\_\_\_\_ Race

\_\_\_\_\_ Income

\_\_\_\_\_ Color

\_\_\_\_\_ National Origin

\_\_\_\_\_ Age

\_\_\_\_\_ Sex

**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:** SEMCOG Title VI Coordinator, Southeast Michigan Council of Governments, 1001 Woodward Avenue, Suite 1400, Detroit, MI 48226; email: [infocenter@semcog.org](mailto:infocenter@semcog.org); phone: (313) 961-4266; fax: (313) 961-4869

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