

# CITY OF BROWN CITY TITLE VI COMPLAINT FORM

This form may be used to file a complaint with the City of Brown City based on 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.

*If you need assistance completing this form due to a physical impairment, please contact us by phone at 810-346-2325, by fax at 810-346-3802 or by e-mail at browncty@greatlakes.net.*

**Only the complainant or his/her designee should complete this form.**

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: - \_\_\_\_\_

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Name of agency and department or program that discriminated:

Agency or department name: \_\_\_\_\_

Name of Individual (if known): \_\_\_\_\_

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

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

**Complaint Form**

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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/Color \_\_\_\_\_                      \_\_\_\_ Religion \_\_\_\_\_  
\_\_\_\_ National Origin \_\_\_\_\_                  \_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_ Sex \_\_\_\_\_                                      \_\_\_\_ Disability \_\_\_\_\_

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 materials pertaining to your case).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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