

Regional Transit Authority for Southeast Michigan Title VI Complaint Form

The purpose of this form is to assist you in filing a complaint with the Regional Transit Authority of Southeast Michigan (RTA). You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information, whether or not the form is used.

Instructions: If you would like to submit a Title VI complaint to RTA, please fill out the form below and submit it via email to: tgunter@rtamichigan.org or mail it to:

Regional Transit Authority of Southeast Michigan
 Attn: Tiffany J. Gunter, Title VI Officer
 1001 Woodward Avenue, Suite 1400
 Detroit, MI 48226

For questions, please contact Ms. Gunter at (313) 402-1020.

For a copy of the Title VI Policy and Procedures document, please contact Ms. Virginia Lickliter at (313) 402-1020.

| Complainant Information | | | |
|---|--|--|------|
| Name: | Telephone: | Email: | |
| Street Address: | City: | State: | Zip: |
| Mailing Address: | City: | State: | Zip: |
| Respondent Information | | | |
| Name: | Telephone: | | |
| Street Address: | City: | State: | Zip: |
| Mailing Address: | City: | State: | Zip: |
| Alleged Discriminatory Incident | | | |
| Basis for Discrimination: <i>Check all that apply.</i> | | | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Occupation | | |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Marital Status | | |
| <input type="checkbox"/> Color | <input type="checkbox"/> Political Opinion | | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Personal Appearance | | |
| <input type="checkbox"/> Origin | <input type="checkbox"/> Mental Handicap | | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Physical Handicap | | |
| Give the name, address and telephone number of any other agency you contacted about this complaint: | | Have you filed a complaint with the RTA previously? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous complaint: _____ | |
| How did you hear about the RTA? | | | |

Date of Incident:

Time of Incident:

Did anyone witness the events you described above? Yes No Please list the name, address and telephone number (if possible) of this person(s):

Describe what happened: Please explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your complaint.

What specifically would you like the RTA to do concerning your complaint?

What other steps have you taken to try to resolve this complaint? What resulted from your attempts to resolve this complaint?

Are you represented by an attorney with regard to anything related to this matter? If so, please provide contact information.

Please sign below. You may attach any written materials or other information you think is relevant to your complaint. We cannot accept your complaint unless it's been signed.

Parties to complaints may voluntarily resolve their differences without an extensive investigation or expenditure of resources by participating in a mediation process. Are you interested in participating in such a process? Yes No

I do hereby attest that I have submitted the foregoing complaint and to the best of my knowledge, it is true and correct.

Signature of Complainant

Date