

MICHIANA AREA COUNCIL OF GOVERNMENTS 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.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants' Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone: _____ Email: _____

2. Person discriminated against (if someone different other than the complainant) _____
Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone: _____ Email: _____

3. I believe the discrimination I experienced was based on (check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Limited English-Proficiency (LEP)
<input type="checkbox"/> Gender	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Income	<input type="checkbox"/> Other _____

4. Please provide the date and place(s) of the alleged discriminatory action(s).

5. Describe the alleged discrimination in as much detail as possible. Attach more pages if necessary.

6. List names and contact information of persons who may have knowledge of alleged discrimination.

1. _____

2. _____

3. _____

7. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? (Check all that apply)

None Federal Agency State Agency

Local Agency Federal Court State Court

Please provide the contact information where the complaint was filed.

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____ Email: _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date

Submit form and any additional information by mail to Zach Dripps, Title VI Coordinator, 227 W. Jefferson Blvd, 11th Floor, South Bend, IN 46601; or email to zdripps@macog.com.