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
Explain: Please explain as clearly as possible what happened. Provide the name(s) of witnesses 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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Note: The laws enforced by this department prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

City of Ann Arbor
Human Resources Department
Attn: Robyn Wilkerson
301 E. Huron St., P.O. Box 8647
Ann Arbor, MI 48107-8647
Phone: (734) 794-6120
Email: rwilkerson@a2gov.org