

## Niles Dial-A-Ride Transportation 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." If you feel you have been discriminated against, please provide the following information in order to assist us in processing your complaint.

<b>Section I</b>		
Name:		
Address:		
Telephone (home):	Telephone (work):	
Telephone (cell):		
Electronic Mail Address:		
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other:		
<b>Section II</b>		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
If not, please supply the name and relationship of the person for whom you are complaining:		
Please explain why you have filed for a third party:		
Have you have obtained the permission of the aggrieved party if you are filing on behalf of a third party?	Yes	No
<b>Section III</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin		
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form or attach additional pages.		
<b>Section IV</b>		
Have you previously filed a Title VI complaint with Niles DART?	Yes	No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

Yes  No

If yes, check all that apply:

Federal Agency: \_\_\_\_\_

Federal Court \_\_\_\_\_

State Agency \_\_\_\_\_

State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

Please provide the following information about a contact person at the agency/court where the complaint was filed:

Name:

Title:

Agency:

Address:

Telephone:

Electronic Mail:

Please attach any other written material or information you feel is relevant to your complaint. Sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Submit completed form to:

Niles Dial-A-Ride  
Title VI Coordinator  
623 North Second Street  
Niles, Michigan 49120  
Fax: 269-684-5154  
Email: [DARTManager@nilesmi.org](mailto:DARTManager@nilesmi.org)