



COMPLAINT FORM

Complaint No. _____

Title VI Complaints

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin to programs and activities receiving Federal financial assistance. The Detroit Transportation Corporation (DTC) works to offer public transportation service that is free of discriminatory practices and actions for all patrons of the Detroit People Mover.

DTC's Human Resources Division is responsible for receiving complaints by any person who believes he or she has been subjected to discrimination in the delivery of or access to public transportation service on the basis of race, color or national origin. Any such complaints must be filed directly by the party within 90 days after the date of the alleged discrimination. All complaints will be reviewed promptly and with confidentiality. If a Title VI violation is found to exist, remedial steps as appropriate and necessary will be taken immediately. DTC does not sanction discrimination based upon sex, age, gender or disability, and will also take action to ensure meaningful access to services, programs and activities for our ridership.

For more information or to file a complaint, please contact Detroit Transportation Corporation, Phone: (313) 224-2160 /Fax: (313) 224-2134
Hours: 9:00 a.m. – 5:00 p.m.

Name of Complainant (Please Print): _____

Home Number: _____ Work/Cell: _____

Address: _____ City, State _____ Zip _____

Type of Complaint (Please check all that apply):

- Customer Complaint [] Loss of Fare/Personal Possession []
- Discrimination: Race [] National Origin [] Color []
- Other [] _____

Please indicate your race/color if it is a basis of your complaint _____

Please describe your national origin, if it is a basis of your complaint _____

Date of Incident: _____ Time Occurred: _____ Location of Incident _____

Name / Position / Title of the person causing the incident / discrimination

Description of Complaint or Incident (use a separate sheet if necessary):

Did someone else witness this incident? Yes [] No []

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Person Receiving Complaint (please print): _____

Date: _____ Time Call Was Received: _____

Actions Taken / Staff Involved (Please attach any supporting documentation): _____

_____ Inquiry Close Date: _____