



**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: \_\_\_\_\_