

Title VI Complaint Form

(PLEASE TYPE OR PRINT CLEARLY)

Complainant's Name

Address

City

State

Zip

Telephone No:

Cell

Office

What was the discrimination based upon? (Check all that apply)

- Race/ Color Income Religion Disability
 National Origin Sex Sexual Orientation Other

Please provide witness contact information (if any).

Witness 1

Name

Address

City

State

Zip

Phone Number

Witness 2

Name

Address

City

State

Zip

Phone Number

Please describe the incident: If additional sheets of paper are needed please attach.

**Please sign in space below.
Attach any documents you believe support your complaint and mail to:**

SMART
Office of Equal Employment Opportunity (EEO)
535 Griswold Street
Buhl Building Suite 600
Detroit, MI 48226

Complainant's Signature

Date