

Title VI Complaint Form

KALAMAZOO AREA TRANSPORTATION STUDY
Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states that “no person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination in any program, service, or activity receiving federal assistance.”

This form may be used to file a complaint with the KATS based on 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 may be submitted to file your complaint. **Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonably be expected to know the act was discriminatory within a 180-day period, you have 60 days after you become aware to file your complaint.**

If you need assistance completing this form, please contact Steven Stepek by phone at 269-343-0766 or via email at sstepek@katsmpo.org.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Individual(s) discriminated against, if different than above.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please explain your relationship with the individual indicated above: _____

Name of agency and department or program that discriminated:

Street Address: _____

City: _____ State: _____ Zip: _____

Date(s) of alleged discrimination
Date discrimination began _____ Last or most recent date _____

Alleged Discrimination:

If your complaint is in regard to discrimination in the delivery of services or discrimination that involved the treatment of you by others by the agency or department indicated above, please indicate below the basis on which you believe these discriminatory actions were taken.

_____ Race

_____ Retaliation

_____ Color

_____ National Origin

Explain: Please explain as clearly as possible what happened. Provide the name(s) of witness(es) and others involved in the alleged discrimination. Attach additional sheets, if necessary, and provide a copy of written material pertaining to your case.

Signature: _____ Date: _____

Please return completed form to:
Steven Stepek, AICP, Executive Director
Kalamazoo Area Transportation Study
5220 Lovers Lane, Suite 110
Portage, MI 49002
Email: info@katsmpo.org

Note: The KATS prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of KATS. Please inform the person listed above if you feel you were intimidated or experienced retaliation in relation to filing this complaint.