

**Blue Water Community Action
Title VI Complaint Form**

Section I:

Name:

Address:

Telephone (Home): Telephone (Work):

Electronic Mail Address:

Section II:

Are you filing this complaint on your own behalf?	Yes *	No
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*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:

Please confirm that you have obtained the permission of aggrieved party if you are filing on behalf of a third party.	Yes	No
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Section III:

I believe the discrimination I experienced was based on (check all that apply):

() Race () Color () 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.

Section IV

Have you previously filed a Title VI complaint with this agency?	Yes	No
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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 and list all that apply:

Federal Agency: _____

Federal Court State Agency

State Court Local Agency

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

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI

Name of agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature Date

Please submit this form in person at the address below, or mail this form to:
Blue Water Community Action
302 Michigan Street
Port Huron, MI 48060