

**TITLE VI COMPLAINT FORM**  
**CITY OF ESCANABA**  
**TITLE VI NON-DISCRIMINATION COMPLAINT FORM**

This form may be used to file a complaint with the City of Escanaba 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 180 day period, you have 60 days after you became aware to file your complaint.

If you need assistance completing this form due to a physical impairment, please contact James V. O'Toole, City Manager at (906) 786-9402, or e-mail [jotoole@escanaba.org](mailto:jotoole@escanaba.org).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_(home) \_\_\_\_\_(work)

Individual(s) discriminated against, if different than above (use additional pages, if needed).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_(home) \_\_\_\_\_(work)

Please explain your relationship with the individual(s) indicated above: \_\_\_\_\_  
\_\_\_\_\_

Name of agency and department or program that discriminated:

Agency or department name: \_\_\_\_\_

Name of individual (if known): \_\_\_\_\_

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      \_\_\_\_ Religion      \_\_\_\_ Color      \_\_\_\_ National Origin      \_\_\_\_ Sex

\_\_\_\_ Age      \_\_\_\_ Disability

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: \_\_\_\_\_

Return the complaint form to City of Escanaba, Attn: James V. O’Toole, City Hall/Library Complex, 410 Ludington Street, Escanaba, MI 49829. Phone (906) 786-9402. Fax (906) 786-4755 or via e-mail hr@escanaba.org.

*Note: The City of Escanaba prohibits retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by policies of the City. Please inform the City Manager if you feel you were intimidated or experience perceived retaliation in relation to filing this complaint.*