

The following form will be used to address complaints with the City of Bloomfield Hills on purported violations of Title VI of the Civil Rights Act of 1964.



City of Bloomfield Hills

45 E. Long Lake Road
 Bloomfield Hills, Michigan 48304-2322
 Phone (248) 644-1520 Fax (248) 644-4813

**Title VI
 Complaint Form**

Complaints should be filed within 180 days of the alleged discrimination. If you could not reasonable be expected to know that the act was discriminatory within the 180 day period, you have 60 days after you became aware to file your complaint.	
I. APPLICANT / ORGANIZATION	
NAME:	ADDRESS:
CITY / STATE / ZIP CODE:	TELEPHONE NUMBER: ()
FACSIMILE NUMBER: ()	CELL PHONE NUMBER: ()
ORGANIZATION (If different from Applicant)	
ORGANIZATION'S NAME:	ADDRESS:
CITY / STATE / ZIP CODE:	
PLEASE EXPLAIN YOUR RELATIONSHIP TO THE INDIVIDUAL(S) INDUCATED ABOVE:	
II. NAME OF AGENCY, DEPARTMENT OR PROGRAM THAT DISCRIMINATED:	
NAME	ADDRESS
CITY / STATE / ZIP CODE:	TELEPHONE NUMBER: ()
NAME OF INDIVIDUAL(S) IF KNOWN:	
DATE DISCRIMINATION BEGAN::	

LAST OR MOST RECENT DATE OF DISCRIMINATION:

III. ALLEGED DISCRIMINATION (Please mark appropriate box.)

RACE / COLOR:

SEX:

RELIGION:

NATIONAL ORIGIN:

AGE:

DISABILITY:

EXPLAIN. Please explain as clearly as possible what happened. Provide the name(s) of witnesses or others involved in the alleged discrimination. (Additional pages may be attached if necessary to this form.)

YOUR SIGNATURE:

DATE:

NOTE: The laws enforced by this City prohibit retaliation or intimidation against anyone because that individual has either taken action or participated in action to secure rights protected by these laws. If you experience retaliation or intimidation separate from the discrimination alleged in this complaint or if you have questions regarding the completion of this form, please contact:

City Manger
45 East Long Lake Road
Bloomfield Hills, Michigan 48304
(248)644-1520
E-mail: manager@bloomfieldhillsmi.net.