

**Michigan Department of Health and Human Services (MDHHS)
Division of Victim Services**

Program Discrimination Complaint Form

Instructions: Please fill out this form completely. Sign it and return to the address on page 4.

Complainant Information

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work: _____

Email: _____

If filing on behalf of the complainant, please provide the information below.

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Organization Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Complaint Information

Date event occurred: _____

Identify the basis or baes of the discrimination faced (e.g., race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, history of alcohol or drug use, arrest record, or a disability or genetic information.).

Describe the event, providing the name(s) where possible for the people who were involved. Use additional pages if necessary.

Has a complaint been filed with the Michigan Department of Civil Rights or the US Department of Justice, or any other Federal Agency or Court on this same matter?

Yes ____ No____

If yes, Agency or Court:_____

If yes, when: _____

Do you plan to file with another agency or court?

Yes ____ No____

If yes, when: _____

Signature & Date

SIGNATURE: _____

DATE:_____

Contact

Please return this form to the Michigan Department of Health and Human Services and the Division of Victim Services, using the addresses below:

Michigan Department of Health and Human Services

Office of Human Resources
Lance Bettison, EEO Officer
235 South Grand Avenue, Suite 708
P.O. Box 30037
Lansing, MI 48909
Email: bettisonl@michigan.gov

MDHHS Division of Victim Services

Debi Cain, Director
Grand Tower, Suite 1108
PO Box 30037
Lansing, MI 48909
Email: MDHHS-DVS@michigan.gov