



DISCRIMINATION OR ACCESSIBILITY COMPLAINT FOR MEMBERS OF THE PUBLIC

This Information is required by authority of the ADA, Section 504 of the 1973 Rehabilitation Act (29 USCA 794, as amended), and MI Act 220 P.A. 1976 as amended to report a complaint.

Note: This complaint form is available in alternate formats upon request.

Please print or type all information and attach additional pages, if needed.

COMPLAINANT INFORMATION			
Last Name	First Name		Date
Mailing Address			Home Telephone Number
City	State	Zip Code	Day Telephone Number

COMPLAINT TYPE: DISCRIMINATION HARASSMENT ACCESSIBILITY

I am claiming the following type (s) of discrimination or harassment:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Gender
<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Height	<input type="checkbox"/> Weight
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Religion

COMPLAINT FILED AGAINST			
Person(s) Name(s)	Program/Service	Facility	Work Location

COMPLAINT SPECIFICS (Explain why you feel this constitutes discrimination, harassment or an accessibility issue?)

Describe each incident in chronological order:

1. Date: _____ Time: _____ a.m. p.m. Place: _____

Details of Incident: _____

COMPLAINT (Continued) - Describe each incident in chronological order:

2. Date: _____ Time: _____ a.m. p.m. Place: _____

Details of Incident: _____

Name(s) of Witness(es) and Individual(s) (who have knowledge of the incidents)	Telephone Number(s)
1.	
2.	
3.	
4.	

List any documents, records or papers that relate to your complaint and attach a copy to this complaint.

1. _____ 3. _____

2. _____ 4. _____

If this is a discrimination or harassment complaint, what action(s) did you take to stop the behavior?

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Did you discuss the incident with a DNR staff member? Yes No Date: _____

If Yes, list name of DNR staff member: _____

Please describe what action they took. _____

Do you have a proposed remedy? If so, please describe.

I certify that all information included in this complaint is accurate and I have retained a copy for my records.

_____ *Complainant Signature* _____ *Date*

Please submit this complaint along with any supporting documents to:

**EMPLOYMENT OPPORTUNITY & COMPLIANCE OFFICER
OFFICE OF HUMAN RESOURCES
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30028
LANSING MI 48909-7528**

Telephone: (517) 335-1582
FAX: (517) 241-4695
TTY 711

