



Michigan Department of Health and Human Services (MDHHS)  
Crime Victim Services Commission (CVSC)  
Victims of Crime Act  
Crime Victim Assistance Grant

**Program Discrimination Complaint Form**

Instructions: Please fill out this form completely. Sign it and return to the address on page 3.

**Complainant Name:** \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email \_\_\_\_\_

**Person making the complaint on behalf of the complainant**

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

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

City, State, Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Name of company/organization complaint is against:**

\_\_\_\_\_



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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: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Do you plan to file with another agency or court?

Yes \_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Signature & Date

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Return to:

Lance Bettison, EEO Officer  
Michigan Department of Health and Human Services  
1312 Oakland Drive  
Kalamazoo, MI 48913  
(269) 517-335-4276  
Fax. 517-373-7123  
Email: [williamst8@michigan.gov](mailto:williamst8@michigan.gov)  
Website: [www.michigan.gov/mdhhs-eeo](http://www.michigan.gov/mdhhs-eeo)