

**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: \_\_\_\_\_





**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  
Mr. Jimmy Waters, Civil Rights Complaint Coordinator  
235 South Grand Avenue, Suite 708  
P.O. Box 30037  
Lansing, MI 48909  
E-Mail: [WatersJ@michigan.gov](mailto:WatersJ@michigan.gov)

**MDHHS Division of Victim Services**  
Gail Krieger- Director of Operations  
Grand Tower, Suite 1108  
PO Box 30037  
Lansing, MI 48909-7537  
E-mail: [KriegerG@michigan.gov](mailto:KriegerG@michigan.gov)