



**Kalamazoo County Office of the Prosecuting Attorney
Crime Victim Services Commission (CVSC)
Victims of Crime Act (VOCA)
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:

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:

Mr. Jeffrey S. Getting
Civil Rights Complaint Coordinator (CRCC)
Kalamazoo County Office of Prosecuting Attorney
Michigan Avenue Courthouse
227 W. Michigan Avenue
5th Floor
Kalamazoo, MI 49007
Tel. 269-383-8900
Fax. 269-383-0475
Website: www.kalcounty.com/opa