

CITY OF AUSTELL TITLE VI DISCRIMINATION COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 states “No person in the United States shall, on the grounds of race, color or national origin, be excluded from, participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

The Environmental Justice component of Title VI guarantees fair treatment for all people. The City of Austell is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations. The City of Austell is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information we provide.

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy to:

City of Austell
Public Works
5000 Austell-Powder Springs Road, Suite 105
Austell, Georgia 30106-2427

Note: To protect your rights, your complaint must be filed within **180** days of the occurrence. Failure to file within **180** days may result in dismissal of the complaint.

COMPLAINANT INFORMATION			
COMPLAINANTS NAME			
ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER	
PERSON DISCRIMINATED AGAINST (IF OTHER THAN COMPLAINANT)			
NAME			
ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER	
ADDITIONAL INFORMATION			
UPON WHAT PREMISE IS YOUR DISCRIMINATION COMPLAINT BASED? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Race/Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	
<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender	<input type="checkbox"/> Limited English Proficiency (LEP)	
<input type="checkbox"/> Other: _____			
DATE OF ALLEGED DISCRIMINATION			

DESCRIBE THE ALLEGED DISCRIMINATION. EXPLAIN WHAT HAPPENED AND WHO YOU BELIEVE WAS RESPONSIBLE. (FOR ADDITIONAL SPACE, YOU MAY ATTACH ADDITIONAL SHEETS).

WHERE DID THE INCIDENT TAKE PLACE? PLEASE PROVIDE LOCATION, TIME, ETC.

WITNESS INFORMATION

NAME

ADDRESS

CITY

STATE

ZIP CODE

HOME TELEPHONE

WORK TELEPHONE NUMBER

CELLULAR TELEPHONE NUMBER

HOW DO YOU BELIEVE THIS COMPLAINT BE RESOLVED AND CORRECTED?

DID YOU FILE THIS COMPLAINT WITH ANOTHER FEDERAL, STATE, OR LOCAL AGENCY OR WITH A FEDERAL OR STATE COURT? (CHECK THE APPROPRIATE SPACE) Yes No

If your answer is yes, check each agency with which a complaint was filed:

Federal Agency Federal Court State Agency State Court Local Agency

Please provide contact information for the agency you also filed the complaint with:

AGENCY

DATE FILED

IF YOU NEED ANY SPECIAL ACCOMMODATIONS FOR COMMUNICATION REGARDING THIS COMPLAINT, PLEASE SPECIFY WHICH ALTERNATIVE FORMAT YOU REQUIRE.

Braille Large Print (specify the font size) CD
 Sign Language Interpreter (specify language): _____
 Language Interpreter (specific language): _____

Sign and date in the space below. Attach any documents you believe supports your complaint.

SIGNATURE

DATE