

TITLE VI COMPLAINT FORM (to be completed by Complainant)

Title VI of the 1964 Civil Rights Act States: "No person in the United States shall, on the ground 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." Please provide the following information, necessary in order to process your complaint. Assistance is available upon request.

Complainant's Name (Last, first, middle initial) _____

Street address _____

City _____

State _____

ZIP Code _____

Primary phone number _____

Other phone number _____

E-mail address _____

Person discriminated against, if not complainant:

Name (Last, first, middle initial) _____

Street address _____

City _____

State _____

ZIP Code _____

Primary phone number _____

Other phone number _____

E-mail address _____

Are you filing this complaint based on race, color, or national origin?

Race _____

Color _____

National Origin _____

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons, if any, were treated differently than you. You may attach any written materials or other information you think relevant.

Date of alleged incident: _____

Are there any witnesses? _____ Yes _____ No

If so, Please provide their contact information:

Witness Name (Last, first, middle initial) _____

Street address _____

City _____

State _____

ZIP Code _____

Primary phone number _____

Other phone number _____

E-mail address _____

Witness Name (Last, first, middle initial)

Street address City State ZIP Code

Primary phone number Other phone number E-mail address

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

Yes No

If the answer is yes, check each agency complaint was filed with:

State Court Local Agency Federal Agency

Federal Court State Agency Other

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

Agency Contact Name (Last, first, middle initial)

Street address City State ZIP Code

Phone number E-mail address

Date Filed: _____

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature: _____

Date: _____

Please mail this form to:

Macon-Bibb County Attorney's Office
Compliance Officer
700 Poplar Street
P.O. Box 247
Macon, Georgia 31202-0247