

TITLE VI

Complaint Form

Title VI of the 1964 Civil Rights Act requires that "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."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to: Nichole Simms, Title VI Coordinator, DeKalb County Government, 1300 Commerce Drive Decatur, GA 30030.

1. Complainant's Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone Number (home) _____ (business) _____

5. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race/Color _____

b. National Origin _____

c. Other _____

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complain with any other federal, state, or local agency; or with any federal or state court?

_____ Yes _____ No

If yes, check all that apply: _____ Federal Agency _____ Federal Court _____ State Agency _____ State Court
_____ Local Agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State and Zip Code _____

Telephone Number _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature

Date