**Title VI Complaint Form**

Title VI of the Civil Rights Act of 1964 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.” Two Executive Orders extend Title VI protections to Environmental Justice, which also protects persons of low income, and Limited English Proficiency (LEP).

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and furnish a written (mail, fax, or email) copy to:

SRTA Title VI Coordinator

State Road and Tollway Authority

245 Peachtree Center Avenue NE, Suite 2200

Atlanta, GA 30303

1-844-977-7742

(404) 893-6160 (fax)

TitleVI@srta.ga.gov

1. Complainant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Telephone No. (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Person discriminated against (if other than complainant)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

1. What was the discrimination based on? (Check all that apply):

􀂆Race/Color

􀂆National Origin

􀂆Sex

1. Date of incident resulting in discrimination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe the discrimination. What happened and who was responsible? For additional space, attach additional sheets of paper or use back of form.
3. Did you file this complaint with another federal, state, or local agency, or with a federal or state court? (Check appropriate space) 􀂆 Yes 􀂆 No

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

Federal Agency \_\_\_\_\_\_\_ Federal Court \_\_\_\_\_\_\_ State Agency \_\_\_\_\_\_\_

State Court \_\_\_\_\_\_\_\_\_\_\_\_ Local Agency \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant

**Si la información que se necesita en otro idioma, comuníquese con 844-977-7742.**

**如果需要在另一种语言的信息，请联系844-977-7742。**

**정보가 다른 언어로 필요한 경우 844-977-7742로 문의 바랍니다.**

**Nếu thông tin là cần thiết trong một ngôn ngữ khác, sau đó liên lạc 844-977-7742.**