

Fayette County 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."

The information requested on this form is necessary to assist us in processing your complaint. Please let us know if you require assistance with completing this form. Submit the completed form to the Fayette County, Equal Employment Opportunity (EEO) Office, 140 Stonewall Avenue, West, Suite 212, Fayetteville, Georgia, 30214.

1. Complainant's Name _____
2. Address _____
3. City, State and Zip Code _____
4. Telephone Number (home) _____ (work) _____
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 complaint 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.

Agency Name _____

Contact Name _____

Address _____

City, State, 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