



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. CITY OF FAIRBURN 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. CITY OF FAIRBURN is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information CITY OF FAIRBURN provides.

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 FAIRBURN)
Human Resource Department
Office of Diversity and Equal Opportunity
56 Malone St., SW
Fairburn, GA 30213
770-964-2244

Note: To protect your rights, your complaint must be filed with **120** days of the occurrence. Failure to file within **120** days may result in dismissal of the complaint.

1. Complainant’s Name: _____

2. Address: _____

3. City: _____ State: _____ Zip Code _____

4. Telephone # (Home): _____ (Work) _____ (Cell) _____

5. Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

6. Upon what premise is your discrimination complaint based? (check all that apply)

- Race/Color
- Religion
- Disability
- National Origin
- Gender
- Limited English Proficiency (LEP)

7. Date of alleged discrimination: _____

8. Describe the alleged discrimination. Explain what happened and who you believe was responsible.
(For additional space, attach additional sheets of paper or use back of the form)_____

9. Where did the incident take place? Please provide location, time, bus number etc.?_____

10. Witnesses? Please provide their contact information.

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone # (Home): _____ **(Work)** _____ **(Cell)** _____

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone # (Home): _____ **(Work)** _____ **(Cell)** _____

11. How can this complaint be resolved (how can the problem be corrected)?_____

12. 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 Other

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

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

Complainant's Signature

Signature Date