

## 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 or email) copy to:

GRTA Civil Rights Officer  
GRTA  
245 Peachtree Center Ave NE, Suite 2200  
Atlanta, GA 30303  
Phone: (404) 893-2100  
[TitleVI@atltransit.ga.gov](mailto:TitleVI@atltransit.ga.gov)

OR

Title VI Program Coordinator  
Federal Transit Administration  
East Building, 5th Floor-TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590  
(888) 446-4511

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: \_\_\_\_\_

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

Race/Color

National Origin

7. Date(s) of incident resulting in discrimination: \_\_\_\_\_
8. Describe the discrimination. What happened, where, and who was responsible? For additional space, attach additional sheets of paper or use back of form.

9. 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: \_\_\_\_\_

Were there any witnesses? [ ] Yes [ ] No

If yes, please provide contact information:

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

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

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

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

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

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

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

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

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Complainant

Si la información que se necesita en otro idioma, comuníquese con (404) 893-2100.

如果需要一种语言的信息, 请联系 (404) 893-2100.

정보가 다른 언어로 필요 한 경우 (404) 893-2100 로 문의 바랍니다.

Nếu thông tin là cần thiết trong một ngôn ngữ khác, sau đó liên lạc (404) 893-2100.