

## Title VI Complaint Procedures

This document outlines the Title VI complaint procedures related to providing programs, services, and benefits. It does not deny the complainant the right to file formal complaints with the Georgia Department of Transportation, the Secretary of the US Department of Transportation, Equal Employment Opportunity Commission (EEOC), Federal Highway Administration (FHWA), Federal Transit Administration (FTA), or to seek private counsel for complaints alleging discrimination, intimidation, or retaliation of any kind that is prohibited by law. Title VI of the Civil Rights Act of 1964 requires that no person in the United States shall, on the grounds of race, color or national origin, be excluded from, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

1. Any person who believes that they have been subjected to discrimination may file a written complaint with the State Road and Tollway Authority Civil Rights Officer. Federal and State law requires complaints be filed within one-hundred eighty (180) calendar days of the last alleged incident.
2. The complainant may download the complaint form from [www.XpressGa.com](http://www.XpressGa.com) or request the complaint form from the Civil Rights Officer. The complainant may also submit a written statement that contains all of the information identified in Section 3 a through f.
3. The complaint will include the following information:
  - a. Name, address, and telephone number of the complainant.
  - b. The basis of the complaint, i.e., race, color, or national origin.
  - c. The date or dates on which the alleged discriminatory event or events occurred.
  - d. The nature of the incident that led the complainant to feel discrimination was a factor.
  - e. Names, addresses, and telephone numbers of persons who may have knowledge of the event.
  - f. Other agencies or courts where complaint may have been filed and a contact name.
  - g. Complainant's signature and date.
  - h. If the complainant is unable to write a complaint, SRTA Civil Rights Officer will assist the complainant. If requested by complainant, Civil Rights Officer will provide a language or sign interpreter.
  - i. The complaint may be sent or faxed to the following address:

SRTA Civil Rights Officer  
State Road and Tollway Authority  
245 Peachtree Center Ave NE, Suite 2200  
Atlanta, GA 30303  
1-855-724-7277  
(404) 893-6160 (fax)  
TitleVI@srta.ga.gov
  - j. Complainants have the right to complain directly to the appropriate federal agency however, they must do so within one-hundred eighty (180) calendar days of the last alleged incident.
4. The SRTA Civil Rights Officer will begin an investigation within fifteen (15) working days of receipt of a complaint.
5. SRTA Civil Rights Officer will contact the complainant in writing no later than thirty (30) working days after receipt of complaint for additional information, if needed to investigate the complaint. If the complainant fails to provide the requested information in a timely basis and may administratively close the complaint.

6. SRTA Civil Rights Officer will complete the investigation within ninety (90) days of receipt of the complaint. A written investigation report will be prepared by the investigator. The report shall include a summary description of the incident, findings, and recommendations for disposition.
7. The SRTA Civil Rights Officer will review the report. A closing letter and exit interview will be provided to the complainant. The respondent will also receive a copy of the closing letter. Each will have five (5) working days from receipt of the report to respond. If either party responds negatively or has additional information to provide, an informal meeting will be arranged by the Civil Rights Officer. If neither party responds, the complaint will be closed.
8. The investigation report with recommendations and corrective actions taken will be forwarded to the appropriate federal agency, the complainant, and the respondent.
9. SRTA Civil Rights Officer will advise complainants of their appeal rights to the appropriate federal agency.
10. SRTA prepares and maintains a list of active investigations with information related to the date, summary of the allegation(s), the status and actions taken by the recipient or sub-recipient in response to the complaint.

**Si la información que se necesita en otro idioma, comuníquese con 1-855-724-7277.**

**如果需要另一种语言的信息，请联系1-855-724-7277。**

**정보가 다른 언어로 필요한 경우 1-855-724-7277로 문의 바랍니다.**

**Nếu thông tin là cần thiết trong một ngôn ngữ khác, sau đó liên lạc 1-855-724-7277.**

## 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 mail or deliver to: State Road and Tollway Authority, 245 Peachtree Center Ave NE, Suite 2200, Atlanta GA 30303. Alternatively it can be faxed to (404) 893-6160 or emailed to [TitleVI@srta.ga.gov](mailto: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: \_\_\_\_\_

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

- Race/Color
- National Origin
- Sex

7. Date of incident resulting in discrimination: \_\_\_\_\_
8. Describe the discrimination. What happened 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: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant

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