

## 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  
Georgia Regional Transportation Authority.  
245 Peachtree Center Ave NE, Suite 2200  
Atlanta, GA 30303  
Phone: 844-977-7742  
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(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: \_\_\_\_\_

Where 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 1-844-977-7742.**

**如果需要在另一种语言的信息，请联系1-844-977-7742。**

**정보가 다른 언어로 필요한 경우 1-844-977-7742로 문의 바랍니다.**

**Nếu thông tin là cần thiết trong một ngôn ngữ khác, sau đó liên lạc 1-844-977-7742.**