Form Word: 2842-1a - Title VI Complaint Form
Section: Equal Employment Opportunity
Office/Department: 0EEO

Reports To: DD Admin/General Counsel
Contact: 404-631-1000

See Below
GEORGIA DEPARTMENT OF TRANSPORTATION

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.”

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to: Equal Employment Opportunity Division, Title VI/ Environmental Justice Specialist, Georgia Department of Transportation, 600 West Peachtree Street, N.W., 7th Floor, GA 30308.

1. Complainant’s Name ________________________________________________
2. Address__________________________________________________________
3. City, State and Zip Code____________________________________________
4. Telephone Number (home) __________________________ (business) __________
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 ______________________________
   b. Color ______________________________
   c. National Origin________________________
   d. 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.

    Name_____________________________________________________________

    Address___________________________________________________________

    City, State, and 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
References:
Click here to enter Policy references, if any.

History:
annual review:
added to Publications: 12/19/12
Reviewed: 4/26/2019