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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Ms. Yvonne Gurley Title VI Coordinator Georgia Department of Human Services Office of Facilities and Support Services 2 Peachtree Street Atlanta, GA 30303

If information is needed in another language, then contact Yvonne Gurley.

Please print clearly:		
Name:		
Address:		
City, State, Zip Code:		
Telephone Number:	(home)	(cell)
Person discriminated against:		
	against:	
City, State, Zip Code:		
Please indicate why you believe t	he discrimination occurred:	
Race or color National origin Income Other		
What was the date of the alleged	discrimination?	
Where did the alleged discriminat	tion take place?	
Please describe the circumstance	es:	