

# The Unified Government of Athens-Clarke County, Georgia

## 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 the Unified Government of Athens-Clarke County (ACCUG) in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Coordinator. Complete and return this form to Krystle Cobran, Inclusion Office, Title VI Coordinator, City Hall, 301 College Avenue, Athens, Georgia 30601.

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/Color \_\_\_\_\_

b. National Origin \_\_\_\_\_

c. 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.

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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