

Title VI Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 States “No person in the United States shall, on the grounds 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.”

The Environmental Justice component of the Title VI guarantees fair treatment for all people, Macon-Bibb County Transit Authority is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, policies, and activities on minority and low-income populations. Macon-Bibb County Transit Authority is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information Macon-Bibb County Transit Authority provides.

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy to:

Macon-Bibb County Transit Authority

Attn: Debbie Vetter

2737 Broadway

Macon, Ga. 31206

478-621-7121 (Phone) or 478-621-7112 (Fax) Georgia Relay 711

Note: to protect your rights, your complaint must be filed within **30** days of the occurrence. Failure to file within **30** days may result in dismissal of the complaint.

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: Home _____ Work _____ Cell _____

Person discriminated against (if someone other than Complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: Home _____ Work _____ Cell _____

Upon what premise is your discrimination complaint based? (Check all that apply)

- Race/Color Religion Disability
 National Origin Gender Limited English Proficiency (LEP)

Date of alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (For additional space, attach additional sheets of paper or use back of the form)

Where did the incident take place? Please provide location, time, bus number etc.:

Witnesses? Please provide their contact information.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone #: (Home) _____ (Work) _____ (Cell) _____

How can this complaint be resolved (how can the problem be corrected)?

Did you file this complaint with another federal, state, or local agency or with a federal or state court?
(Check the appropriate box) Yes No

If your answer is yes, check each agency with which a complaint was filed:

- Federal Agency Federal Court State Agency
 State Court Local Agency Other

Please provide contact information for the agency you also filed the complaint with:

Date of Filing: _____

If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

- Braille Large Print (specify the font size) _____ CD (compact disk)
 Sign Language Interpreter (specify language) _____
 Language Interpreter (specify language) _____

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

Complainant's Signature

Signature Date

Office Use Only:

Date Received: _____ Received By: _____