

Rabun Transit Title VI Complaint Form

Section I:

Name: _____

Address: _____

Telephone(Home): _____ Telephone(Work): _____

Electronic Mail Address: _____

Accessible Format Requirements? Large Print- TDD _____ Audio Tape- Other _____

Section II:

Are you filling this complaint on your own behalf? *Yes _____ No _____

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

letter or the LOF.

Rabun Transit Title VI Complaint Form

Section I:

Name: _____

Address: _____

Telephone(Home): _____ Telephone(Work): _____

Electronic Mail Address: _____

Accessible Format Requirements? Large Print- TDD _____ Audio Tape- Other _____

Section II:

Are you filling this complaint on your own behalf? *Yes _____ No _____

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third

party:_____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes_____ No_____

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin Age Disability

Family or Religious Status Other (explain)_____

Date of Alleged Discrimination (Month, Day, Year):_____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency? Yes_____ No_____

Section V

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 Court_____

State Agency_____

Local Agency_____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Agency _____

() State Court _____

() Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: _____

Title: _____

Agency: _____

Address: _____

Telephone: _____

Section VI

Name of Agency complaint is against: _____

Contact person: _____

Title: _____

Telephone number: _____

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Rabun Transit
Wanda Henry, Title VI Liaison
2832 Old Hwy 441S
Tiger, GA 30576