



## TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act and subsequent federal nondiscrimination statutes requires that “No person in the United States shall, on the ground of race, color, national origin, sex, age or disability, 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 Charlene Marsh at 345 Lively Avenue Norcross, Georgia 30071.

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? \_\_\_\_\_

