



CITY OF CLARKSTON
TITLE VI COMPLAINT FORM

1. Instructions.

- Read the entire form before you begin to answer.
- Answer all questions.
- If your response to a particular question will not fit in the space provided, begin your response in the space provided and continue the response either on the back of the page or on additional paper.
- Sign and date the form where indicated.
- Return the completed form and any attachments to the City of Clarkston Title VI Coordinator. Mailing Address: 1055 Rowland Street, Clarkston, GA 30021. Location: Third Floor City Hall. Telephone: (404)296-6489.

2. Complainant's Name _____

3. Address _____

4. City, State and Zip Code _____

5. Telephone Number (home) _____ (Business) _____

6. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

7. 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** _____

8. What date did the alleged discrimination take place? _____

