

<u>CITY OF CLARKSTON</u> <u>TITLE VI COMPLAINT FORM</u>

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. A | Address | |
| 4. C | City, State and Zip Code | |
| 5. T | Telephone Number (home) (Busine | 55) |
| 6. P | Person discriminated against (if someone other than the com | lainant) |
| N | Name | |
| A | Address | |
| (| City, State and Zip Code | |
| | Which of the following best describes the reason you believe it because of your: | he discrimination took place? Wa |
| 1 | a. Race/Color b. National Origin c. Other | |

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

| | Have you filed this complaint with any other federal, state, or local agency or with any feder or state court?YesNo |
|-------------|--|
| | or state court?YesNo If yes, check all that apply: |
| | or state court?YesNo |
| 1. | If yes, check all that apply: Federal agencyFederal courtState agency |
| [.] | or state court?YesNo If yes, check all that apply: Federal agencyFederal courtState agency State courtLocal agency Please provide information about a contact person at the agency/court where the complaint w |
| L. 1 | or state court?YesNo If yes, check all that apply: Federal agencyFederal courtState agency State courtLocal agency Please provide information about a contact person at the agency/court where the complaint w filed. |
| L. 1 | or state court?YesNo If yes, check all that apply:Federal agencyFederal courtState agencyState courtLocal agency Please provide information about a contact person at the agency/court where the complaint w filed. Name |

Complainant's Signature

Date