

City of Albany

Title VI Complaint Form

Title VI of the Civil Rights Act requires that “No person in the United States shall, on the ground 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.”

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: City of Albany, Equal Employment Opportunity Office, ATTN: EEO Manager, 222 Pine Ave, Suite 240, Albany, GA, 31702.

1. Complainant's Name: _____

2. Complainant's Address: _____

3. City, State, and Zip Code: _____

4. Complaint's Telephone Number: (H) _____ (B) _____

5. Person discriminated against (if 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? (Please check all that apply) Was it because of your:

a. Race/Color: ☐

b. National Origin: ☐

c. Other: ☐

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

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form, if additional space is required.

9. Have you file this complaint with any federal or state agency or with any federal or state court? (Please check one) Yes ☐ No ☐

If yes, check all that apply:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court

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

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

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

Complainant's Signature

Date