Title VI Discrimination Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds 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."

The Environmental Justice component of Title VI guarantees fair treatment for all people. The Brunswick Area Transportation Study (BATS) is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, polices, and activities on minority and low-income populations. BATS is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information BATS provides.

If you feel that you have been discriminated against, please provide the following necessary information in order to facilitate the processing of your complaint. Should you require assistance in completing this form, please let us know. Once completed, return a signed copy to:

Brunswick Area Transportation Study (BATS)

Attn: Director of Community Development Harold Pate Building 1725 Reynold Street, 2nd Floor Brunswick GA, 31520

Note: To protect your rights, your complaint must be filed with $\underline{180}$ days of the occurrence. Failure to file within 180 days may result in dismissal of the complaint.

Complainant's Name:			
Address:			
City:	State:	Zip Code:	
Telephone # (Home):	(Work)	(Cell)	
Person discriminated against (i	f someone other than Com	nplainant)	
Name:			
Address:			
City, State, Zip Code:			
Telephone # (Home) :	(Work) _	(Cell)	
Upon what premise is your disc	crimination complaint base	ed? (Check all that apply)	
□Race/Color	□ Religion	□Disability	

□National Origin	□Gender	□Limited English Proficiency (LEP)		
Date of alleged discrimination	:			
Describe the alleged discrimin	ation. Explain what happed	l and who you believe was responsible.		
(For additional space, attach a	dditional sheets of paper or	use back of the form)		
Where did the incident take pl	ace? Please provide locatio	n, time, bus number etc.?		
Witnesses? Please provide the	ir contact information.			
Name:				
Address:				
City, State, Zip Code:				
Telephone # (Home):	(Work)	(Cell)		
Name:				
Address:				
City, State, Zip Code:				
Telephone # (Home):	(Work)	(Cell)		

How can this complaint be resolved (how can the problem be corrected)?						
Did you file this comp	plaint with another fee	deral, state, or local ag	ency or witl	n a federal or state		
court?						
(Check the appropria	te space) □Yes	□No				
If your answer is yes,	check each agency w	ith which a complaint	was filed:			
☐Federal Agency		□Federal Court		☐State Agency		
☐State Court		□Local Agency		□Other		
Please provide contact	t information for the	agency you also filed t	he complair	nt with:		
		Date File:				
If you need any specia	al accommodations fo	r communication rega	rding this co	omplaint, please specify		
which alternative form	nat you require.					
□Braille	☐ Large Print (specify the font size)			□CD (compact disk)		
□Sign Language Inter	rpreter (specify langu	age)				
□Language Interprete	er (specific language)					
Sign the complaint in complaint.	1 space below. Attac	h any documents you	believe su	pports your		
Complaint's Signature	÷		-	Date		
Official use only:						
Date received:	received: Received by:					