

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, policies, 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 **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 (if someone other than Complainant)

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home) : _____ (Work) _____ (Cell) _____

Upon what premise is your discrimination complaint based? (Check all that apply)

Race/Color

Religion

Disability

National Origin

Gender

Limited English Proficiency (LEP)

Date of alleged discrimination: _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible.

(For additional space, attach additional sheets of paper or use back of the form)

Where did the incident take place? Please provide location, time, bus number etc.?

Witnesses? Please provide their contact information.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone # (Home): _____ (Work) _____ (Cell) _____

