

GEORGIA DEPARTMENT OF PUBLIC SAFETY

Title VI Program Complaint Form

Title VI of the 1964 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.” Additional nondiscriminatory authorities extend these guarantees to include age, sex, disability, low-income, and limited English proficiency.

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 Office of Professional Standards: Captain Daniel Carroll, Title VI Program Coordinator, Georgia Department of Public Safety, 959 United Avenue, SE, Atlanta, GA 30316.

1. Complainant's Name _____

2. Address _____

3. City, State and Zip Code _____

4. Telephone Number (primary) _____ (secondary) _____

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

Name _____

Address _____

City, State and Zip Code _____

6. Which of the following category of discrimination best describes the basis of your complaint?

- | | |
|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Level of Income |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Other _____ |

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



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 you think is relevant to your complaint.

I understand that this is an official document of the Department of Public Safety and that it will be used to determine whether an employee(s) is guilty of misconduct, unprofessional behavior or criminal activity. By my signature, I am verifying that I have carefully read this document and that based on my personal knowledge, I believe each and every allegation raised to be true. I also understand that it would be a felony to knowingly make any false statement on this form and that if I make any such false statement I would be subject to criminal prosecution under the laws of this state including, but not limited to, O.C.G.A. 16-10-20.

Complainant's Signature

Date

