



TITLE VI 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."

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 Tifton, City Manager's Office, 204 N. Ridge Ave, P.O. Box 229, Tifton, Georgia 31793.

1. Complainant's Name: _____

2. Address: _____

3. City, State, and Zip Code: _____

4. Telephone Number: _____ or _____

5. Person Discriminated Against (If someone other than the complainant)

Name: _____

Address: _____

Phone Number: _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your:

a. Race/Color _____

b. National Origin _____

c. Other _____

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

8. Where did the alleged discrimination take place? _____

