



Mountain Area Transportation System

-serving

Fannin, Gilmer, Pickens and Gordon Counties in northwest Georgia

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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint:

Please print clearly:

Section I:	
Name:	
Address:	
City, State and Zip Code:	
Telephone Number (Home):	(Cell):
Electronic Mail Address (Email):	
Accessible Format Requirements? <input type="checkbox"/> Large Print <input type="checkbox"/> TDD <input type="checkbox"/> Audio Tape	
Other:	

Section II:	
Are you filing this complaint on your own behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered YES to the above question, go to Section III	
If not, please write the name and relationship of the person for whom you are filing this complaint:	
Name:	
Please confirm you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section III:	
I believe the discrimination I experienced was based on (check all that apply):	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Family or Religious Status	
<input type="checkbox"/> Other (please explain):	
Date Alleged Discrimination Occurred (Month, Day & Year):	
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe everyone who was involved. Include the name and the contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. You may write on the back of this form if needed:	

Section IV:

Have you previously filed a Title VI complaint with this agency? Yes No
If yes, when? _____

Section V:

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? Yes No

If yes, check all that apply:

- Federal Agency: _____
- Federal Court: _____ State Agency: _____
- State Court: _____ Local Agency: _____

Please provide the name of a contact person at the agency/court in which complaint was filed:

Name: _____

Title: _____

Agency: _____

Phone: _____

Address: _____

Section VI:

Agency/Department you are naming in this complaint: _____

Name of Staff/Employee you believed discriminated against you: _____

Staff/Employee's Title: _____

Agency telephone number: _____

Please attach any written materials or other information you believe is relevant to your complaint.

Signature and date required below:

Signature

Date

Please print your name

Please submit this completed form in person, or send by mail to:

North Georgia Community Action Agency, Inc.
c/o: Ruth Ann Waters, MATS Program Director
1344 Talking Rock Rd.
P.O. Box 760
Jasper, GA 30143

