

# Title VI Discrimination Complaint Form

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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. Liberty Transit 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. Liberty Transit is also required to take reasonable steps to ensure that Limited English Proficiency (LEP) person have meaningful access to the programs, services, and information Liberty Transit 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:

**Liberty Transit**  
Attn: Mr. Theodis Jackson  
115 East MLK Jr. Drive  
Hinesville, GA 31313

Phone: 912-877-1472 Georgia Relay:711 Fax:912-369-2416

Note: To protect your rights, your complaint must be filed with **30** days of the occurrence. Failure to file within **30** 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) \_\_\_\_\_

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

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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) \_\_\_\_\_

How can this complaint be resolved (how can the problem be corrected)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you file this complaint with another federal, state, or local agency or with a federal or state court? (*check the appropriate space*)    Yes    No

If your answer is yes, check each agency with which a complaint was filed:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Federal Court | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> State Court    | <input type="checkbox"/> Local Agency  | <input type="checkbox"/> Other        |

Please provide contact information for the agency you also filed the complaint with: \_\_\_\_\_  
\_\_\_\_\_

Date of Filing: \_\_\_\_\_

If you need any special accommodations for communication regarding this complaint, please specify which alternative format you require.

- Braille       Large Print (specify the font size) \_\_\_\_\_  CD (compact disk)
- Sign Language Interpreter (specify language) \_\_\_\_\_
- Language Interpreter (specific language) \_\_\_\_\_

**Sign the complaint in space below. Attach any documents you believe supports your complaint.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Signature Date

Office use only:	
Date received: _____	by: _____