## **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. Liberty Transit is required to identify and address, as appropriate, disproportionately high and adverse effects of its programs, polices, 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. Kenneth Howard
115 East MLK Jr. Drive
Hinesville, GA 31313
(phone) 912-876-3564 (fax) 912-369-2416 Georgia Relay 711

Note: To protect your rights, your complaint must be filed within  $\underline{30}$  days of the occurrence. Failure to file within  $\underline{30}$  days may result in dismissal of the complaint.

Complainant's Name:  Address:				
Telephone #: (Home)	(Work)	(Cell)		
Person discriminated against	(if someone other than Cor	mplainant)		
Name:	`	,		
Address:				
City, State, Zip Code:				
Telephone #: (Home)	(Work)	(Cell)		

□Race/Color	□ Religion	□Disability
□National Origin	□Gender	☐Limited English Proficiency (LEP
Date of alleged discrimination	n:	
_		and who you believe was responsible. se back of the form)
		-
-	-	, time, bus number etc.?
Witnesses? Please provide th	eir contact information.	
Name:		
Address:		
City, State, Zip Code:		
Telephone #: (Home)	(Work)	(Cell)
Name:		
Address:		
City, State, Zip Code:		
		(Cell)

How can this complaint be resolved (how can the problem be corrected)?				
•	nplaint with another federal, state propriate space)	e, or local agency or with a federal or state		
If your answer is yes,	, check each agency with which a	a complaint was filed:		
□Federal Ago	ency	☐State Agency		
☐State Court	□Local Agency	Other		
Please provide contac	et information for the agency you	a also filed the complaint with:		
If you need any speci	al accommodations for commun	nication regarding this complaint, please specify		
which alternative for	mat you require.			
□Braille	□Large Print (specify the font s	size)CD (compact disk)		
□Sign Language Interpreter (specify language)				
□Language Interpret	er (specific language)			
Sign the complaint complaint.	in space below. Attach any	y documents you believe supports your		
Complainant's Signa	ture	Signature Date		
Office use only:				
Date received:		by:		