



## **BARTOW COUNTY TRANSIT**

### **TITLE VI CIVIL RIGHTS ACT**

### **NOTICE TO THE PUBLIC**

Bartow County operates its programs and services without regard to race, color, national origin, age, sex, religion, disability, familial or income status. Any person who believes he or she has been subjected to any unlawful discriminatory practice under Title VI may file a complaint with the Bartow Transit Director or the Bartow County Human Resources Director.

Any person who believes that he or she has been subjected to discrimination or retaliation from Bartow County's administration of federally funded programs may file a written complaint. Note: If the person filing a complaint believes he or she has been discriminated against by any other branch of Bartow County Government, they are directed to contact the Bartow County Human Resources Department at 770-387-5020. All written complaints received by the County are referred immediately to the GDOT's Title VI Coordinator for processing in accordance with approved State procedures.

Written complaints or questions may be sent to:

Bartow County Human Resources  
135 W. Cherokee Avenue  
Suite 217-B  
Cartersville, Georgia 30120

If information is needed in another language or accessible in another required format, please contact us at the above phone number and assistance will be provided.

Si necesita informacion en otro idioma o accesibles en otro format requerido, por favor contacte con nosotros en el numero de telefono arriba y se prestara asistencia.



# **TITLE VI APPENDIX B**

## **COMPLAINT FORM**



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## Title VI Complaint Form

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination 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 (explain) _____				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  _____ _____ _____ _____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No



