Title VI Complaint Form

The **Buford** Title VI Complaint Procedure is made available in the following locations:

Agency website, either as a reference in the Public Works section or in its entirety Hard copy in the central office

Name:	
Address:	
Telephone (Home): Telephone (Work):	
Electronic Mail Address:	
Accessible Format Large Print Audio Tape	
Requirements? TDD Other Section II:	
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 Yes No party if you are filing on behalf of a third party.	
Section III:	
I believe the discrimination I experienced was based on (check all that apply):	
[] Race [] Color [] National Origin	
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 (if known) as well as names and contact information of any witnesses. If more space is needed, please use the baof this form.	

Section IV			
Have you previously filed a Title VI complaint with this agency?		Yes	No
Section V			
Have you filed this complaint with any other Feder	ral, State, or local agency, or	with any Federal o	r State court?
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court	[] State Agency		
[] State Court	[] Local Agency		
Please provide information about a contact perso	n at the agency/court where	the complaint was	filed.
Name:	<u> </u>	,	
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			
ou may attach any written materials or oth	ner information that you	ı think is relevan	it to your
complaint.	ioi illioimation triat you	io ioiovai	it to you.
Signature and date required below			
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Signature		Date	

Please submit this form in person at the address below, or mail this form to: jhiggins@cityofbuford.com.

City of Buford Title VI Coordinator- Jason Higgins 2300 Buford Highway Buford, GA 30518