Title VI Complaint Form

The **City of Monroe** 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.

Section I:						
Name:						
Address:						
Telephone (Home):	Telephone (V	Telephone (Work):				
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements? Section II:	TDD		Other			
	our own bobalf?		Yes*	No		
Are you filing this complaint on your own behalf? *If you answered "yes" to this question, go to Section III.			res	INO		
If not, please supply the name ar are complaining: Please explain why you have file	nd relationship of the person fo	r whom you				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No		
Section III:						
I believe the discrimination I expe	·					
[] 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 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.						

Section IV			
Have you previously filed a Title VI complaint with th	is agency?	Yes	No
Section V			
Have you filed this complaint with any other Federal,	State, or local agency, or	r with any Federal o	r State court?
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:	<u></u>		
[] Federal Court	[] State Agency		
[] State Court_	[] Local Agency		
Please provide information about a contact person a			
Name:	tt the agency/ocult whole	the complaint was i	
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency complaint is against:			
Contact person:			
Title:			
Telephone number:			
You may attach any written materials or othe	r information that you	ı think is relevan	t to your
complaint.			
Signature and date required below			
Signature		Date	

Please submit this form in person at the address below, or e-mail this form to: ccroy@monroega.gov.

City of Monroe
Title VI Coordinator- Chris Croy 215 N Broad Street Monroe, GA 30655