



CITY OF GRIFFIN

Title II Complaint Form

Title II requires that all individuals with disabilities have access to the City's programs, services and activities. You have the right to file a complaint with the City of Griffin if you feel that you have been discriminated against. Please give us the following information so that we can look into your complaint. If you need help in completing this form, please let us know.

1. What is the name of the person discriminated against?

Name _____

Address _____

City, State, and Zip Code _____

Telephone (*Home*) (____) _____ (*Business*) (____) _____

2. What is the name and address of the institution, agency, or person that you believe discriminated against you?

Name _____

Address: _____

City, State, and Zip Code _____

Telephone Number (____) _____

3. Do you believe you were discriminated against because of your disability? _____

4. When do you believe that the discrimination took place? _____

5. In your own words, explain what happened and who you believe was responsible. Please be as specific as possible. You may attach additional sheets if needed (Use additional pages if necessary).

6. Have you tried to resolve this complaint with the institution, agency or person? Yes No
If yes, what is the status of the complaint?

7. Are you filing this complaint for someone else? Yes No

If yes, against whom do you believe the discrimination was directed?

First Name _____ Last Name _____

8. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes No

If yes, check all that apply Federal agency Federal court State agency
 State court Local agency

9. What is the name of the contact person at the agency where the complaint was filed?

Name _____

Agency/Court Name _____

Address _____

City, State, and Zip Code _____

Telephone Number (____) _____

10. Please sign below. You may attach any written materials or other information that you think can be helpful to us in looking into your complaint.

Complainant's Signature

Date

Mail this form to:

Miles Neville, Title VI Coordinator
City of Griffin
P.O. Box T
Griffin, GA 30224
Phone: (770) 233-2923
Email: mneville@cityofgriffin.com

