



CITY OF GRIFFIN

Title II or Title VI Complaint Form

Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited by Title II or Title VI may file a written complaint using this form. The following information is necessary to assist the City of Griffin in processing a complaint. If any person filing a complaint needs assistance, including interpretation or translation assistance, please contact the Human Resources Director via email (swoods@cityofgriffin.com) or telephone (770-233-2923).

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ (Business) (\_\_\_\_) \_\_\_\_\_

2. Who are you filing a complaint against (name of person or agency) and what is their location?

Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

3. What was the reason you believe you were discriminated against? Was it because of your:

- a. Race [ ] b. Color [ ] c. Religion [ ]
d. National Origin [ ] e. Limited English Proficiency (LEP) [ ] f. Disability [ ]

4. What was the date and location of the incident involving alleged discrimination? \_\_\_\_\_

\_\_\_\_\_

5. In your own words, explain the nature of the incident. Please be as specific as possible. You may attach additional sheets if needed (Use additional pages if necessary).

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Name(s) and Telephone Number(s) of Any Witness(es):

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6. Have you tried to resolve this complaint with the agency or person already?  Yes  No  
If yes, what is the status?
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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 the complaint below. You may attach any written materials or other evidence you believe supports your complaint.

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Complainant's Signature

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Date

Please submit completed form to:

**Stephanie Woods, Human Resources Director**

**City of Griffin, PO Box T**

**Griffin, GA 30224**

**Phone: (770) 233-2923 Email: [swoods@cityofgriffin.com](mailto:swoods@cityofgriffin.com)**