



CITY OF ALPHARETTA

TITLE VI COMPLAINT FORM

Updated September 2024

The City of Alpharetta, as a federal grant recipient, conforms to Title VI of the Civil Rights Act of 1964 and its amendments. Title VI of the Civil Rights Act of 1964 requires that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Presidential Executive Order 12898 addresses environmental justice in minority and low-income populations. Presidential Executive Order 13166 addresses services to those individuals with limited English proficiency.

The City is committed to enforcing the provisions of Title VI and to taking positive and realistic affirmative steps to ensure the protection of rights and opportunities for all persons affected by its programs.

The City of Alpharetta's complaint process covers complaints filed by an individual or group of individuals under Title VI of the Civil Rights Act of 1964 relating to any planning process, program, or activity administered by the City of Alpharetta. The process does not deny the right of the complainant to file formal complaints with other state or federal agencies, or to seek private council.

Any person who believes they have been subjected to unlawful discriminatory practice under Title VI has a right to file a formal complaint. Any such complaint must be filed in writing or in person with the City of Alpharetta's, Title VI Compliance Officer, within one hundred-eighty (180) days following the date of the alleged discriminatory action.

Human Resources: Title VI Compliance
City Of Alpharetta
2 Park Plaza
Alpharetta, GA 30009
Tel: 678-297-6044

Complainant Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

Please note the type of discrimination that you believe has occurred. *(Please check all that apply.)*

- Race Color National Origin Other

If you noted "Other", please specify the type of discrimination: _____

Please indicate your race / color, if it is a basis of your complaint: _____

Please indicate your national origin, if it is a basis of your complaint: _____

Location where the incident occurred: _____

Time and date of the incident: _____

Please identify the person who allegedly subjected you to Title VI discrimination

Name of the individual: _____

Position and/or title of the individual: _____

Briefly describe the incident. If necessary, please use a separate sheet.

Did anyone else witness the incident? Yes No

Please list the witnesses. *If necessary, please use a separate sheet.*

Witness Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

Witness Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

Have you filed a complaint about the alleged discrimination with the Federal Highway Administration?

Yes No If yes, when: _____

Have you filed a complaint about the alleged discrimination with the Georgia Department of Transportation?

Yes No If yes, when: _____

Have you filed a complaint about the alleged discrimination with any other state or federal agency?

Yes No If yes, when: _____

Please identify the agency with which you filed the complaint: _____

Signature of Complainant: _____

Date: _____

Do Not Write Below This Line Staff Use Only

| | |
|------------------------------------|------------------------|
| Date Complaint Received: _____ | Case # Assigned: _____ |
| Complainant Interview Date: _____ | |
| Discovery Phase Concluded: _____ | |
| Investigation Report Issued: _____ | |