

TITLE VI COMPLAINT FORM

ATL Airport Community Improvement Districts

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. Complete this form if you believe you have been subjected to discrimination.

Complainant Information

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Email: _____

Person Discriminated Against (if different from complainant)

Name: _____

Relationship to Complainant: _____

Incident Information

Date(s) of Alleged Discrimination: _____

Location of Incident: _____

Basis of Complaint (check all that apply):

- Race
- Color
- National Origin

Name(s) and title(s) of individuals involved (if known):

Describe the alleged discriminatory act. Include dates, times, witnesses, and other relevant details:

Previous Filing Information

Have you filed this complaint with another agency, court, or organization?

- Yes
- No

If yes, identify the agency and status of the complaint:

Certification

I certify that the information provided in this complaint is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Submit Completed Form To:

Title VI Coordinator
Robert Caudill
3800 Camp Creek Parkway
Bldg 1400, Suite 132
Atlanta, GA 30331
404-349-2211
rcaudill@aacids.com

Language Assistance Statement

If you need this form in another language or require assistance completing this form, please contact the Title VI Coordinator.