Title VI of the 1964 Civil Rights Act requires that “No person in the United States shall, on the ground 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.”

Note: The following information is necessary to assist the University of Georgia Transportation and Parking Services along with the UGA EOO office in processing your complaint. Should you require any assistance in completing this form, please contact the Title VI Liaison. Complete and return this form to:

**Title VI Contact Liaison**  
Qiana Wilson, Director, Equal Opportunity Office  
706-542-7912  
ugaeoo@uga.edu  
278 Brooks Hall 3  
10 Herty Drive  
Athens, GA 30602

### Section I:

| Name: |
| Address: |
| Telephone (Home): | Telephone (Work): |
| Electronic Mail Address: |

### Accessible Format Requirements?

| Large Print | Audio Tape |
| TDD | Other |

### Section II:

Are you filing this complaint on your own behalf?  
Yes*  
No  

*If you answered "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

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 experienced was based on (check all that apply):

- [ ] 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 this agency?  
[ ] Yes  [ ] No

Section V

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 ________________

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_________________________________  ________________________
Signature  Date