

## **Title VI - Non-Discrimination Policy & Complaint Procedure**

### **Walker County Transit Non-Discrimination Statement**

Walker County Transit is committed to a policy of non-discrimination in program services pursuant to the requirements of Title VI of the Civil Rights Act of 1964. Any person who believes that he or she has been subjected to discrimination under Title VI on the basis of race, color or national origin may file a complaint with Walker County Transit. To receive additional information on Walker County Transit's non-discrimination obligations, or to file a complaint, please call the Walker County Transit administrative office at 706-375-0803 or write to:

Walker County Transit  
91 Industrial Drive  
Chickamauga, GA 30707

### **Title VI Complaint Procedures**

Should a complaint be filed with Walker County Transit and an external agency simultaneously, the external complaint shall supersede the Walker County Transit complaint and Walker County Transit's complaint procedures will be suspended pending the external agency's findings. If filed with Walker County Transit, the supervisor will begin assessment or investigation of the complaint within fifteen (15) working days of receiving the complaint. Based upon all of the information received, the supervisor will prepare a draft written response subject to review by the Walker County Commissioner and County Attorney. If more time is required, the supervisor shall notify the complainant of the estimated timeframe for completing the review, not to exceed (60) calendar days of the receipt of the formal complaint. If appropriate, Walker County Transit may administratively close the complaint. If final written response is determined to be needed, the complainant will receive a letter stating the final decision of the supervisor and/or the Walker County Commissioner and/or the County Attorney and the complainant will be advised of his/her right to file a complaint with the Federal Transit Administration (FTA), Office of Civil Rights should the complainant feel dissatisfied with the decision.

To file a complaint with the Federal Transit Administration, fill out a Title VI complaint form and mail it to:

Federal Transit Administration Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor - TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590



# Georgia Department of Driver Services

## Title VI Program Complaint Form

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 us in processing your complaint. Should you require any assistance in completing this form, please let us know.

Complainant's Name: \_\_\_\_\_

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

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

Telephone Number: (home/mobile) \_\_\_\_\_ (business) \_\_\_\_\_

Person discriminated against (if someone other than the complainant):

Name: \_\_\_\_\_

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

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

Which of the following best describes the reason you believe the discrimination took place?

Race/Color: \_\_\_\_\_

National Origin: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Disability: \_\_\_\_\_

Limited English Proficiency (LEP)

Income Status

What date did the alleged discrimination take place? \_\_\_\_\_

In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

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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     Local Agency  
 State Agency     State Court     Other \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Complete and return this form to the Legal Affairs Division, Title VI Program Coordinator, Georgia Department of Driver Services, P.O. Box 80447, Conyers, GA 30013. Complaints may also be sent to [titlevicoordinator@dds.ga.gov](mailto:titlevicoordinator@dds.ga.gov).