

## Title VI / Nondiscrimination Program Complaint of Discrimination

Complainant(s) Name:		Complainant(s) Address:		
Complainant(s) Phone Number:				
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):				
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:				
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):				
Discrimination Because Of:	<input type="radio"/> Race	<input type="radio"/> Color	<input type="radio"/> National Origin	Date of Alleged Discrimination:
	<input type="radio"/> Sex	<input type="radio"/> Age	<input type="radio"/> Handicap/Disability	
	<input type="radio"/> Income Status	<input type="radio"/> Retaliation	<input type="radio"/> Other	
Please list the name(s) and phone number(s) of any person, if known, that the Bulloch County Board of Commissioners could contact for additional information to support or clarify your allegation(s).				
Please explain as clearly as possible <b>how, why, when</b> and <b>where</b> you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.				
Complainant(s) or Complainant(s) Representatives Signature:			Date of Signature:	

Mail or Fax Completed Form to:

Name : Randy Newman, Special  
 Projects Manager  
 Title VI Officer  
 115 North Main Street, Statesboro, GA.  
 912-764-6245 Phone  
 912-764-8634 Fax