TITLE VI COMPLAINT FORM

Augusta Canal Authority, 1450 Greene Street, Suite 509, Augusta, Georgia 30901

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 [] Sex [] Age [] Disability
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: Augusta Canal Authority
Contact person: Dayton Sherrouse
Title: Executive Director
Telephone number: 706-823-0440

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

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to: Augusta Canal Authority 1450 Greene Street, Suite 509 Augusta GA 30901