Section 5: Title VI Complaint Form

Cherokee Area Transit Service (CATS) Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
E-Mail Address:				
Accessible Format	Large Print		Audio Tape	
Requirements? Section II:	TDD	Other		
Section II.				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to the	his question, go to Sectio	on III.		
If not, please supply the nat whom you are complaining		ne person for		
Please explain why you hav	e filed for a third party:			
Please confirm that you hav aggrieved party if you are fi		Yes	No	
Section III:				

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i believe the discr	imination I ex	perienced was based on (check all that	apply):	
Title VI: [] Race	[] Color	[] National Origin			
Other (specify): _					
Date of Alleged Disc	crimination (M	onth, Day, Year):	_		
against. Describe all of the person(s) wh	l persons who voo	t happened and why you be were involved. Include the r d against you (if known) as ore space is needed, please	name and conta well as names	act informatio and contact	
Section IV					
Have you previously this agency?	filed a Civil Right	ts related complaint with	Yes	No	
Section V					
Have you filed this of Federal or State cou		any other Federal, State, or	local agency, o	or with any	
[] Yes	[] No				
If yes, check all that	apply:				
[] Federal Agency:					
[] Federal Court		[] State Age	[] State Agency		
[] State Court		[] Local Age	[] Local Agency		
If marked Yes in Sec agency/court where		provide information about a was filed.	contact perso	n at the	
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

Please submit this form in person at the address below, or mail this form to:

Cherokee Area Transit Service (CATS)
Opie Bowen, Title VI Coordinator
1130 Bluffs Pkwy
Canton, GA 30114
678-493-6000
odbowen@cherokeecountyga.gov

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