



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.” The Statesboro Ordinance (2020-07 Ch. 80) passed in October 2020 makes it unlawful to discriminate for any reason.

This form is meant to provide an opportunity for individuals to give voice to their personal experiences with people in places of authority.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the City Clerk.

1. Name of Complainant (person making this complaint) _____

2. Address: _____

3. City, State, and Zip Code: _____

4. Telephone Number (Home): _____ (Cell): _____

5. Person Discriminated Against (if someone other than the person listed above)

Name _____

6. Which of the following best describes the reason you believe the discrimination took place? Was it because of your: (check all that apply)

- | | | |
|--------------------------|-------------------------------------|---------------------------------|
| _____ a. Race | _____ e. Gender Identity/Expression | _____ i. Disability |
| _____ b. Skin Color | _____ f. Ancestry | _____ j. Age |
| _____ c. Religion | _____ g. Sexual Orientation | _____ k. Sex |
| _____ d. National Origin | _____ h. Military Status | _____ l. Other (Please Specify) |

7. On what date(s) did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe is responsible. Please use the back of this form to complete the description.

9. Witness(es): Yes _____ No _____

If yes, please provide contact information:

Witness name (Last, First, Middle Initial)

Street Address City State Zip code

Telephone Number: _____ Email Address: _____

10. Did you file this complaint with another federal, state, or local agency or with a state or federal court?

Yes _____ No _____

If the answer is yes, check each agency complaint was filed with:

_____ State Court _____ Local Agency _____ Federal Agency

_____ Federal Court _____ State Agency _____ Other

Please provide contact person information for the agency you also filed the complaint with:

Agency Contact Name (Last, First, Middle initial)

Street Address City State Zip Code

Telephone Number Email Address

Date Filed: _____

Sign the Complaint in the space below. Attach any documents in support of your complaint.

Complainant's Signature: _____

Date: _____

Please mail, email, or hand-deliver the completed form to:

Statesboro City Hall
Attn: Leah Harden, City Clerk
50 E. Main Street
Statesboro, Georgia 30458

Email – leah.harden@statesboroga.gov

