

# Complaint Form

TITLE VI PROGRAM AND RELATED STATUTES DISCRIMINATION COMPLAINT AGAINST FANNIN COUNTY				
Name:		Telephone (home):		Telephone (work):
Address:			City, State, Zip Code:	
Name of COUNTY Staff Person that You Believe Discriminated Against You:				
Address:			City, State, Zip Code:	
Date of Alleged Incident:				
You were discriminated against because of:				
Race	Retaliation	Sex	Familial Status	Religion
Color	National Origin (Language)	Age	Disability	Other
<p>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.</p>				
Signature:			Date:	