

File #: \_\_\_\_\_



**Gwinnett County Transit (GCT)  
Title VI Complaint Form**

Gwinnett County Transit (GCT) operates its programs and services without regard to race, color, or national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been subjected to any unlawful discriminatory practice under Title VI may file a complaint with Gwinnett County, Georgia.

Translation of Title VI Complaint Procedures is provided on the GCT website at [www.gctransit.com](http://www.gctransit.com) for Spanish, Korean, Vietnamese and Chinese. If this information is needed in another language, please call (770) 822-5010 to speak with an interpreter. You have the right to receive language assistance to access GCT services and documents, free of cost.

La traducción de los Procedimientos de reclamo del Título VI se proporciona en el sitio web de GCT en [www.gctransit.com](http://www.gctransit.com) para español, coreano, vietnamita y chino. Si necesita esta información en otro idioma, llame al (770) 822-5010 para hablar con un intérprete. Tiene derecho a recibir asistencia con el idioma para acceder a los servicios y documentos de GCT, sin costo.

Title VI 관련 불만 절차의 스페인어, 한국어, 베트남어 및 중국어 번역본은 GCT 웹사이트 [www.gctransit.com](http://www.gctransit.com) 에서 제공됩니다. 이 정보를 다른 언어로 제공받고 싶으면, (770) 822-5010으로 전화하여 통역사와 상담하십시오. 귀하에게는 GCT 서비스 및 문서 이용을 위해 언어 지원을 무료로 받으실 권리가 있습니다.

Bản dịch bằng tiếng Tây Ban Nha, Hàn Quốc, Việt Nam và Trung Quốc được cung cấp trên trang web [www.gctransit.com](http://www.gctransit.com). Nếu quý khách cần thông tin này bằng ngôn ngữ khác, xin vui lòng gọi đến số (770) 822-5010 để nói chuyện với thông dịch viên. Quý khách có quyền nhận được hỗ trợ ngôn ngữ miễn phí để tiếp cận với các tài liệu và dịch vụ GCT.

GCT 網站 [www.gctransit.com](http://www.gctransit.com) 為 Title VI 投訴程式提供西班牙語、韓語、越南語和中文翻譯服務。如果需要其他語言的資訊，請致電 (770) 822-5010 與翻譯員交談。您有權免費獲得語言協助以使用 GCT 服務及檔。

In order to process your complaint, please complete this form and send to the Gwinnett County address at the end of this form.

<b>Section I:</b>			
Name:			
Address:			
Telephone (Home):		Telephone (Work):	
Electronic Email Address:			
Accessible Format Requirements?	Large Print		Audio Tap
	TTY/TTD		Other
<b>Section I:</b>			
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 discriminated party if you are filing on behalf of a third party.		Yes	No
<b>Section III:</b>			
I believe the discrimination I experienced was based on (check all that apply):			
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin			
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.			
<b>Section IV:</b>			
Have you previously filed a Title VI complaint with this agency?		Yes	No
<b>Section V:</b>			
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State Court?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, check all that apply:			
<input type="checkbox"/> Federal Agency:			

<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency
Please provide information about a contact person at the agency/court where the complaint was filed:	
Name:	
Address:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI:</b>	
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

This complaint shall be sent to the following address:

GCT Title VI Coordinator  
 Ms. Eileen Schwartz-Washington  
 Gwinnett County Department of Transportation  
 Gwinnett Justice and Administration Center  
 75 Langley Drive  
 Lawrenceville, GA 30046-6935