



CHATHAM AREA TRANSIT

DISCRIMINATION COMPLAINT FORM
TITLE VI AND RELATED STATUTES

Contact Information

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Email:

Discrimination Complaint

Name of Staff Person(s) that You Believe Discriminated Against You:

Date of Alleged Incident:

You were discriminated because of:

- Race
- Color
- National Origin (Language)

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:

Signature:

Date:

Chatham Area Transit Authority
900 E. Gwinnett Street | Savannah, GA 31401
Phone: 912-629-3909 | www.catchacat.org