Title VI Complaint Form

Fill form out COMPLETELY. Only complete plaints will be processed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section I: | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Telephone (Home) | | Telephone (Work) | | | | | |
| Email Address: | | | | | | | |
| Accessible Format Requirements? | * Large Print | | * Audio Tape | | | | |
| * TDD | | * Other | | | | |
| Section II: | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | |
| * Yes. To to Section III. | | | | | | | |
| * No. If not, supply the name and relationship of the person for whom you are complaining. | | | | | | | |
| Please explain why you have filed for a third party: | | | | | | | |
| Confirm you have obtained permission from the aggrieved party if you are filing on behalf of a third party. | | | | | * Yes | * No | |
|  | | | | | | | |
| Section III: | | | | | | | |
| I believe the discrimination I experienced related to the Title VI was based on (check all that apply):   * Race * Color * Country of 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. | | | | | | | |
| Section VI: | | | | | | | |
| Have you previously filed a discrimination complaint with this agency? | | | | * Yes | | | * No |
| If yes, please provide any reference information regarding your previous complaint. | | | | | | | |
| Section V. | | | | | | | | |
| Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court?   * Yes * No   If yes, check all that apply:   * Federal Agency: * Federal Court: * State Agency: * State Court: * Local Agency: | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | |
| Name: | | | | | | | | |
| Title: | | | | | | | | |
| Agency: | | | | | | | | |
| Address: | | | | | | | | |
| Telephone: | | | | | | | | |
| Section VI: | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | |
| Name of person complaint is against: | | | | | | | | |
| Title: | | | | | | | | |
| Location: | | | | | | | | |
| Telephone Number (if available): | | | | | | | | |

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are required below:

Signature Date

Please complete and return the Title VI COMPLAINT FORM to the following:

Wendy Parnell, Executive Director

P.O. Box 468

Bishopville, SC 29010