



TITLE VI DISCRIMINATION COMPLAINT FORM

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City/State	Zip
Home Telephone	Other Telephone	E-mail Address

Do you wish to remain anonymous? Yes No

Alleged Discrimination:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex/Gender	

Race of Complainant:

<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian American
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____

How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.

Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.

The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. **If you feel that you have been retaliated against, separate from the discrimination alleged above,** please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.

Name(s) of individual(s) responsible for the discriminatory action(s).



Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint.
(Attach additional sheets, if necessary).

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

<u>Action</u>	<u>Date</u>
<input type="checkbox"/> Filed with the SC Department of Transportation _____	
<input type="checkbox"/> Filed with the Federal Highway Administration _____	
<input type="checkbox"/> Filed with the U.S. Department of Transportation _____	
<input type="checkbox"/> Filed with another Federal agency _____	
<input type="checkbox"/> Filed in Federal Court _____	
<input type="checkbox"/> Other action _____	

Please provide any additional information you feel would be helpful in investigating this matter.

Briefly explain what action you are seeking.

Complainant's Signature

Date

Mail Complaint Form To: **Disabilities Board of Charleston County**
 Civil Rights Title VI Program
 995 Morrison Drive
 Charleston, SC 29413-2708

For Official Use Only

Date Complaint Received: _____

Referred to: _____

Date Referred: _____