

CHARLESTON COUNTY GOVERNMENT TITLE VI DISCRIMINATION COMPLAINT FORM

Last Name:	First Name:		How you identify:		
			🗆 Female 🛛 Male		
Mailing Address:	City/State:		Zip:		
Primary Telephone #:	Secondary Telephone #	:	E-mail Address:		
Type of Discrimination:					
	Color 🗆 No	ational	l Origin 🛛 Age		
□ Religion □ [Disability 🗆 Se	x/Gen	nder 🗆 Retaliation		
Race or Ethnicity of Complainant:					
□ Black or African American (Not Hispanic or Latino) □ Hispanic or Latino					
□ Native Hawaiian or Pacific Islander (Not Hispanic or Latino) □ White (Not Hispanic or Latino)					
□ Native American or Alaska Native (Not Hispanic or Latino)			□ Asian (Not Hispanic or Latino)		
□ Two or More Races (Not Hispanic or Latino)			□ 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. Complaints must be received within 180 days of the occurrence.

Complainant's Name (print):

Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).					
		Full Name		Telephone	
	Witness #1				
	Witness #2				
	Witness #3				
	Witness #4				
L					
	• •	ve you or your representative done es or other dates as applicable.	to attempt to	resolve this complaint?	Please
		Action	Date	e Filed	
\Box Filed with the Federal Highway Administration:					
Filed with the U.S. Department of Transportation:					
Filed with Federal Transit Administration:					
Filed with another Federal agency:					
Filed in Federal Court:					
Other action:				_	



Please provide any additional information you feel would be helpful in investigating this matter:				
Briefly explain what action you are seeking:				
By my signature below, I hereby affirm that the info	rmation provided on this form (and			
accompanying documentation, if any) is true and complete to the best of my knowledge. I also understand that falsifying information regarding this complaint will disqualify it from further				
investigation. Additionally, I understand that this for Government and will not be returned.	m becomes the property of Charleston County			
I authorize all persons and entities listed in this comp may be necessary to investigate this complaint.	plaint to provide any relevant information that			
Complainant's Name (print)				
Complainant's Signature	Date			

Mail Complaint Form to:	Charleston County Government Title VI Coordinator 4045 Bridge View Drive North Charleston, South Carolina 29405-7464			
For Official Use Only				
Date Received				
Received by				
Referred to				
Date Referred				
Disposition				