

# TITLE VI COMPLAINT FORM



## Greenville-Pickens Area Transportation Study

### Section I:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

#### Accessible Format Requirements?

- Large Print
- Audio Tape
- Telecommunication Device for the Deaf (TTY's)
- Other: \_\_\_\_\_

### Section II:

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 aggrieved party if you are filing on behalf of a third party.

Yes

No

**Section III:**

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

Origin

Sex

Age

Disability

Religion

Other: \_\_\_\_\_

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:

\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Submit**

**Or mail/fax to:** Keith Brockington/Sam Julius  
Greenville County Square  
301 University Ridge, Suite 3800  
Greenville, SC 29601  
Fax: (864)-467-7161