

APPENDIX E

TITLE VI COMPLAINT FORM

SECTION I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?		
Large Print TDD	Audio Tape	Other

SECTION II:		
Are you filing this complaint on your own behalf?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If you answer "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 National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happen and why you believe you were discriminate against. Describe all persons who were involved. Include the name and contact information of the persons(s) who discriminated against you (if known) as well as names and contact information of any witness. If more space is needed please use the back of this form.

SECTION IV

Have you previously filed a Title VI complaint with this agency? Yes No

SECTION V

Have you filed this complaint with any other Federal, State, or local agency or with any Federal or State court? Yes No

Federal Agency _____ Federal Court State Court

State Agency 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:
Contact Person:
Title:
Telephone Number:

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

Signature and date required below

Signature

Date

Please submit this form in person at the address below or mail for to:

Jerrel Lynn King

Executive Director

214 McGee Road

Anderson, South Carolina 29625

Telephone Number 864-260-4515/email address Jerrellynnking@acdsnb.org