

TITLE VI COMPLAINT FORM

Your Last Name: _____

Your First Name: _____

Your Gender (M/F): _____

Your Mailing Address: _____

City, State Zip: _____

Your Telephone (daytime): _____

Your Telephone (evenings): _____

Your E-mail Address: _____

Preferred method of contact (please check):

- Daytime phone
- Evening phone
- Email
- US Mail

Type of Discrimination Alleged (please check one or more):

- Race
- Religion
- Color
- Disability
- National Origin
- Sex/Gender
- Age

Race of Complainant (please check one or more):

- | | |
|---|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Native American/American Indian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Other |

Spartanburg County TSB – Title VI Complaint Form

Please provide the following information:

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

1. _____
2. _____
3. _____
4. _____

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

Name	Address	Telephone
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:

Action	Date
<input type="checkbox"/> Telephone contact with local transit agency	_____
<input type="checkbox"/> Written contact with local transit agency	_____
<input type="checkbox"/> Filed complaint with local transit agency	_____
<input type="checkbox"/> Filed complaint with SC Dept. 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	_____

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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:

Spartanburg County
PO Box 5666
Spartanburg, SC 29304
ATTN: Title VI Coordinator/Transit

Spartanburg County TSB – Title VI Complaint Form

TITLE VI - CIVIL RIGHTS NOTICE

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d)

Individuals or organizations who believe they have been denied the benefits of, excluded from participation in, or subject to discrimination on the grounds of race, color or national origin by a recipient of Federal Transit Administration funding can file an administrative complaint with the Federal Transit Administration's Office of Civil Rights under Title VI of the Civil Rights Act of 1964. Complaints should be signed and include contact information and should be sent to:

Federal Transit Administration Office of Civil Rights

Attention: Title VI Program Coordinator

400th Street SW Room 9100

Washington, DC 20590