



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		

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 Filed

- 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 information 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 form becomes the property of Charleston County Government and will not be returned.

I authorize all persons and entities listed in this complaint to provide any relevant information that may be necessary to investigate this complaint.

Complainant's Name (print)

Complainant's Signature

Date



Mail Complaint Form to: Charleston County Government
Facilities Management, Title VI Coordinator
4045 Bridge View Drive, Suite B151
North Charleston, South Carolina 29405-7464

For Official Use Only

Date Received	
Received by	
Referred to	
Date Referred	
Disposition	