



CHARLESTON COUNTY GOVERNMENT TITLE VI DISCRIMINATION COMPLAINT FORM

Last Name:	First Name:	How you identify: <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address:	City/State:	Zip:
Primary Telephone #:	Secondary Telephone #:	E-mail Address:
Type of Discrimination: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Sex/Gender		
Race or Ethnicity of Complainant: <input type="checkbox"/> Black or African American (Not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Native American or Alaska Native (Not Hispanic or Latino) <input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) <input type="checkbox"/> 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		

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
Human Resources, Title VI Coordinator
4045 Bridge View Drive, Suite B207
North Charleston, South Carolina 29405-7464

For Official Use Only

Date Received	
Received by	
Referred to	
Date Referred	
Disposition	