

## TITLE VI COMPLAINT FORM

General Information				
Name:				
Address:				
Telephone (Home)		Telephone (Work)		
E-Mail				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Reporting Information		
Are you filing this complaint on your own behalf?	Yes *	No
*If you answered "yes" to this question, go to Section "Complaint Information".		
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

Complaint
<p>I believe the discrimination I experienced was based on (check all that apply):</p> <p style="text-align: center;"> <input type="checkbox"/> Race    <input type="checkbox"/> Color    <input type="checkbox"/> National Origin         </p> <p>Date of Alleged Discrimination (Month, Day, Year): _____</p> <p>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 of any witnesses. If more space is needed, please use the back of this form.</p> <p>_____</p> <p>_____</p> <p>_____</p>

History		
Have you previously filed a Title VI complaint with this agency?	Yes	No
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court?	Yes	No
If Yes, check all that apply:	<input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency	<input type="checkbox"/> Federal Court <input type="checkbox"/> State Court
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:		
Title:		
Agency:		

Address:
Telephone:

Agency Complaint Against
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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Clemson Area Transit  
Title VI Coordinator  
200 West Lane  
Clemson, SC 29631