

## TITLE VI COMPLAINT FORM

<b>SECTION I:</b>		
Name:		
Address:		
Telephone (Home):		Telephone (Work):
Electronic Mail Address:		
Accessible Format	Large Print	Audio Tape
Requirements?	TDD	Other
<b>SECTION II:</b>		
Are you filing this complaint on your own behalf?		Yes*      No
*If you answered "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
<b>SECTION III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): _____		
<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> <hr/> <hr/>		

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?		
<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span> If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____  <input type="checkbox"/> Federal Court: _____ <input type="checkbox"/> State Agency: _____  <input type="checkbox"/> State Court: _____ <input type="checkbox"/> 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 this form to:

Becky Powell Moon, Executive Director  
 McCormick Senior Center  
 1421 South Main Street  
 P.O. Box 684  
 McCormick, SC 29835  
 (864) 465-2626  
[beckypowell@mcsc-mat.org](mailto:beckypowell@mcsc-mat.org)