

TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act requires 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." If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint.

Section I

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____

Telephone: (Cell) _____

Telephone: (Work) _____

Electronic Mail Address: _____

Section II

Are you filing this complaint on your own behalf? Yes* _____ No _____

*If you answered "yes" to the above question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Name: _____

Relationship: _____

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 _____

Section III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Time of Alleged Discrimination _____

Explain as clearly as possible what happened and why you believe you were discriminated against.

Describe all person(s) who were involved. Include the name and contact information of person(s) who discriminated against you (if known) as well as names and contract information of any witnesses. If more space is needed, please use the back of this form.

Section III

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? Yes _____ No _____

(If yes, check all that apply)

_____ State Court _____ State Agency (name): _____

_____ Federal Court _____ Local Agency (name): _____

Please provide information about a contact person at the agency/court where the complaint was filed:

Name: _____

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 to:

Kevin L. Parks
Grants & Procurement Manager
Title VI Coordinator
Waccamaw Regional Transportation Authority
1418 Third Avenue
Conway, SC 29526