TITLE VI COMPLAINT FORM

SECTION I:

Name:

Address:

Telephone (Home): Telephone (Work):

Electronic Mail Address:

Accessible Format Requirements? Large Print TDD Audio Tape Other

SECTION II:

Are you filing this compliant 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

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): _____

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.

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, of local agency, or with any Federal or State court?

[] Yes [] No

If yes, check all that apply:

[] Federal Agency: _____

[] Federal Court: _____ [ ] State Agency:

[] State Court: _____ [] 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 compliant.

Signature and date required below

_____ _____

Signature Date

Please submit this form in person at the address below, or mail this form to:
Lauren L Giles, Executive Director
York County Council on Aging
917 Standard Street
P.O. Box 11519
Rock Hill, SC 29731
(803)-327-6694