**TITLE VI COMPLAINT FORM**

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| SECTION I: |
| Name: |
| Address: |
| Telephone (Home): Telephone (Work): |
| Electronic Mail Address: |
| Accessible Format Large Print Audio Tape  Requirements? TDD 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 Yes No  aggrieved party if you are filing on behalf of a third party. |
| 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section IV** |
| Have you previously filed a Title VI complaint with this Yes No  Agency? |
| **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:

Jimmy Riley, Transit Director

Spartanburg Regional Healthcare System

101 E Wood Street

Spartanburg, SC 29303

(864)-560-4818

[jriley@srhs.com](mailto:bgoodson@aikensenior.org)