



Title VI Complaint Form

Contact Information			
Name (First, Last):			
Address:			
Telephone (Home):	Telephone (Work):		
Email Address:			
Complaint Information			
Are you filing this complaint on your own behalf?	Yes*	No	
*If you answered "yes", go to Basis for Complaint.			
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	Yes	No	
permission of the aggrieved party if you are filing			
on behalf of a third party.			
Basis for Complaint			
I believe the discrimination I experienced was based on (circle all that apply):			
Race Color	National Origin		
Date of the 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 names and contact information of all the			
person(s) who discriminated against you (if known) as well as the names and contact information of			
any witnesses. If more space is needed, please us the bottom or back of this form:			
Other Information			
Have you previously filed a Title VI complaint with	Yes	No	
this agency?			
Have you filed a complaint with any Federal, State, or local agency, or with any Federal or State court?			
Yes No			
If yes, circle all that apply and list the name of the agency/court:			
Federal Agency:	Federal Court:		
State Agency:	State Court:		
Local Agency:	Other:		

Please provide information for a cont	act person at the agency/court where the complaint was filed:
Name:	Title:
Agency:	Address:
Telephone:	
Ager	ncy You Are Complaining Against
Name of the agency complaint is aga	inst:
Contact person:	Title:
Telephone Number:	<u> </u>
Signature and date required below:	
Signature	Date
Please submit this form in person at th	e address below, or mail this form to:
Greenlink	
Title VI Coordinator	
100 W. McBee Ave	

Greenville, SC 29601