



Title VI Complaint Form

Complaint Form

Instruction: If you would like to submit a Title VI complaint to the Rock Hill-Fort Mill Area Transportation Study, please fill out the form below and send it to: RFATS Administrative Agent, P. O. Box 11706, Rock Hill, S. C. 29730-1706.

1. Name (Complainant):	2. Phone:	3. Home address (street #, city, state, zip):												
4. If applicable, name of person(s) who allegedly discriminated against you:														
5. Location and position of person(s) if known:		6. Date of alleged incident:												
<p>7. Discrimination because of:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Race / color</td> <td><input type="checkbox"/> Sex (including sexual harassment)</td> <td><input type="checkbox"/> Vietnam Era Veteran</td> </tr> <tr> <td><input type="checkbox"/> National origin</td> <td><input type="checkbox"/> Sexual orientation</td> <td><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td><input type="checkbox"/> Creed / religion</td> <td><input type="checkbox"/> Marital status</td> <td><input type="checkbox"/> Low Income</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Retaliation</td> </tr> </table>			<input type="checkbox"/> Race / color	<input type="checkbox"/> Sex (including sexual harassment)	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> National origin	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Creed / religion	<input type="checkbox"/> Marital status	<input type="checkbox"/> Low Income	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation
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<p>8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.</p> <div style="height: 300px; border: 1px solid black; margin-top: 10px;"></div>														

<p>10. What other steps have you taken to try to resolve this complaint? What resulted from your attempts to resolve this complaint?</p>
<p>12. What remedy are you seeking for the alleged discrimination?</p>
<p>13. Have you filed this complaint against this agency before? If yes, when and with whom was it filed?</p>
<p>14. Have you filed any other complaints against this agency before? If yes, when and against whom were they filed. Please give a brief description of each complaint. What is the status of each complaint?</p> <p>Name: Date: Address: Phone number:</p>
<p>15. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?</p> <p>Name: Agency: Address: Phone number:</p>

<p>16. Are you represented by an attorney with regard to anything related to this matter?</p> <p>Name: Agency: Address: Phone number:</p>	
<p>17. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):</p> <p>Name: Job title: Address: Phone number:</p>	
<p>18. Please sign below. You may attach any written materials or other information you think is relevant to your complaint. We cannot accept your complaint unless it's been signed.</p>	
Signature:	Date: