

## Title VI Complaint Form

Fill form out COMPLETELY. Only complete complaints will be processed.

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Email Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?		
<input type="checkbox"/> Yes. Go to Section III.		
<input type="checkbox"/> No. If not, supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Confirm you have obtained permission from the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
I believe the discrimination I experienced related to Title VI was based on (check all that apply):		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Country of 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.		
_____		
_____		
_____		
<b>Section VI:</b>		
Have you previously filed a discrimination complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide any reference information regarding your previous complaint.		
_____		
_____		
_____		

**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:

- 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:

Name of person complaint is against:

Title:

Location:

Telephone Number (if available):

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are required below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and return the Title VI COMPLAINT FORM to the following:

Central Midlands Regional Transit Authority (The COMET)  
Director of Regulatory Compliance/Civil Rights Officer  
3613 Lucius Road  
Columbia, SC 29201