



DORCHESTER COUNTY GOVERNMENT TITLE VI COMPLAINT FORM

NAME _____

STREETADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____

NAME, POSITION, & DEPARTMENT OF PERSON WHO DISCRIMINATED AGAINST YOU:

NAME _____

POSITION _____

DEPARTMENT, LOCATION _____

PLEASE IDENTIFY ANY WITNESSES TO THE DISCRIMINATION AND PROVIDE CONTACT INFORMATION IF AVAILABLE:

WITNESS NAME _____

PHONE _____

WITNESS NAME _____

PHONE _____

WITNESS NAME _____

PHONE _____

DATE(S) OF DISCRIMINATION COMPLAINED OF _____

I WAS DISCRIMINATED AGAINST BECAUSE OF (CHECK ONE):

____ RACE/COLOR ____ SEX ____ DISABILITY ____ AGE

____ NAT'L ORIGIN ____ INCOME STATUS ____ RETALIATION

PLEASE EXPLAIN WHAT HAPPENED DESCRIBING HOW YOU WERE DISCRIMINATED AGAINST AND WHO WAS INVOLVED. BE SURE TO INCLUDE HOW OTHER PERSONS WERE TREATED DIFFERENTLY THAN YOU. ATTACH ANY WRITTEN MATERIAL YOU MAY HAVE THAT SUPPORTS YOUR CLAIM OF DISCRIMINATION.

Return this form to: Dorchester County Human Resources, Title VI Coordinator, 201 Johnston Street, St. George, SC 29477.

Signature _____

Date _____