



**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 \_\_\_\_\_ NAT'L ORIGIN

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.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_