

City of Spartanburg – Transit Management of Spartanburg Inc

TITLE VI COMPLAINT FORM

Last Name	First Name	Male Female
Mailing Address	City/State	Zip
Home Telephone	Other Telephone	E-mail Address
Type of Discrimination <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> ID Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Sex/Gender		
Race of Complainant <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.		
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.		
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. <b>If you feel that you have been retaliated against, separate from the discrimination alleged above,</b> please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.		

Name(s) of individual(s) responsible for the discriminatory action(s).

Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).

**Name**

**Address**

**Telephone**

1.

2.

3.

4.

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

**Action**

**Date**

**Filed with the Federal Highway Administration**

**Filed with the U.S. Department of Transportation**

**Filed with another Federal agency**

**Filed in Federal Court**

**Other action**

Please provide any additional information you feel would be helpful in investigating this matter.

Briefly explain what action you are seeking.

**Complainant's Signature**

**Date**

Mail Complaint Form To: City of Spartanburg  
c/o Title VI Coordinator – Jackie Dudley  
145 West Broad Street  
Spartanburg South Carolina 29306