



# TITLE VI COMPLAINT FORM

## INSTRUCTIONS

If you would like to submit a Title VI complaint to the Santee Water Regional Transportation Authority (SWRTA), please fill out the form below within 180 days and send it to SWRTA, Attn: Title VI Coordinator, 129 S. Harvin Street, Sumter, S.C. 29150.

For questions or a full copy of SWRTA's Title VI policy and complaint procedures call 803-775-9347 or email [info@swrta.com](mailto:info@swrta.com)

<b>1. Name (Complainant)</b>	
<b>2. Phone:</b>	<b>3. Home Address (Street No., City, State, Zip):</b>
<b>4. If applicable, name of person (s) who allegedly discriminated against you:</b>	
<b>5. Location and Position of person(s) if known:</b>	<b>6. Date of incident:</b>
<b>7. Discrimination because of:</b> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
<b>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.</b>	
<b>9. Why do you believe these events occurred?</b>	
<b>10. What other information do you think is relevant to the investigation?</b>	
<b>11. How can this/these issues(s) be resolved to your satisfaction?</b>	



12. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses):

Name:

Address:

Telephone:

E-mail:

13. 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

State Agency

Local Agency

Federal Court

State Court

If filed at an agency and/or court, please provide information about a contact person at the agency/court, where the complaint was filed:

Agency/Court:

Contact Name:

Address:

Telephone:

E-mail:

Signature (Complainant):

Date of Filing: