

SECTION 1

Name:

Address:

Telephone (Home):

Telephone (Cell):

E-Mail Address:

Accessible Format

Large Print

Audio

Requirements ?

TDD

Other

SECTION II

Are you filing this complaint on your own behalf?

Yes*

No

*If you answered "yes" to this question, go to Section III

If not, please supply the name and relationship of the person

for whom you are completing this complaint.

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the

Yes

No

Aggrieved party if you are filing on behalf of a third party.

SECTION III

I believe the discrimination I experienced was based on (check all that apply):

Race

Color

National 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.

SECTION IV

Have you previously filed a Title VI complaint Yes No
Agency?

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 number:

SECTION VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

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

Signature

Date

Please submit this form in person at the address below, or mail this form to:
Executive Director
Generations Unlimited
10915 Ellenton Street
Barnwell, SC 29812
(803) 541-1249

