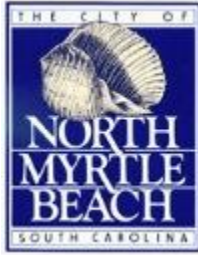


# Your Rights Under Title VI of the Civil Rights Act of 1964



Under Title VI of the Civil Rights Act of 1964, "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. 2000d)

If you feel you have been discriminated against by the City, please provide the following information in order to assist us in processing your complaint.

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

\_\_\_\_\_ Race or Color                      \_\_\_\_\_ Gender

\_\_\_\_\_ National Origin                      \_\_\_\_\_ Other

Name of Department that complainant believes discriminated against him/her: \_\_\_\_\_

If known, please provide name(s) of individual(s) whom you allege discriminated against you: \_\_\_\_\_

\_\_\_\_\_

Address of Department that complainant believes discriminated against him/her: \_\_\_\_\_

\_\_\_\_\_

Please describe in detail how, why and when you believe you were discriminated against, including as much information as possible about the alleged acts of discrimination: \_\_\_\_\_

---

---

Name of person(s), if known, who may be contacted for additional information to support or clarify your allegations: \_\_\_\_\_

---

Signature

---

Date

Please submit complaint to:

Attn: Section 504 Compliance Coordinator  
Office of Highway Safety and Justice Programs  
South Carolina Department of Public Safety  
P.O. Box 1993  
Blythewood, SC 29016