Lower Savannah Council of Governments Title VI Complaint Form

This form is to be completed by any person who believes they have experienced discrimination in regard to race, color or national origin while receiving transportation services. Please submit this complaint immediately, but no later than 180 days, to:

Lower Savannah Council of Governments (LSCOG) PO Box 850 or 2748 Wagener Rd, Aiken, SC 29801 803-649-7981 Front Desk

Section 1:
Name:
Address:
Telephone:
Email Address:
Accessible Formats Needed? Please Circle: Large Print TDD Other:
Section II:
Are you filing this complaint on your own behalf? Please Circle: YES NO
If "Yes," please go to Section III
If "No," please enter your name and relationship to the person for whom you are complaining:
Please explain why you have filed for a third party:
Please confirm that you have obtained the permission of the aggrieved party if you are filing
on behalf of a third party. Please Circle: YES NO
Section III:
I believe discrimination was experienced based on: (Please check all that apply)
[]Race []Color []National Origin
Date of Alleged Discrimination: (month/date/year)
Please identify the person or agency involved in the alleged discrimination:

Section IV:

Please explain as clearly as possible what happened and why you believe you were discriminated against. Please include the names of those involved, or witnesses (if known). If necessary, please use an additional sheet of paper.

Section V:

Have you filed this complaint with any other Federal, State, or Local Agencies, or courts?

If "Yes," please identify the agency and contact information for that agency:

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

Х

Signature Above (Required) (required)

Date Above