TITLE VI COMPLAINT FORM

PDRTA is committed to ensuring that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any of its programs, services, or activities on the basis of race, color, or national origin, as provided by Title VI of the Civil Rights Act of 1964. If you believe you have been subjected to discrimination under Title VI, please complete this form and return it to:

PDRTA Title VI Coordinator
Ania Giannace Dixon
313S. Stadium Rd.
Florence SC 29506
Email: adixon@pdrta.org

PDRTA will provide free language assistance to persons who do not speak English or who have limited English proficiency (LEP) to ensure they can access programs, services, and file a Title VI complaint. If you need assistance completing this form, please contact the Title VI Coordinator at 843-519-0884 or adixon@pdrta.org and interpretation services will be provided at no cost.

Complainant Information

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Cell/Work): _____

Email: _____

Complaint Details

1. Are you filing this complaint on your own behalf?

☐ Yes ☐ No (If not, please provide the name and relationship of the person for whom you are filing):

_____

If you are filing on behalf of another person, do you have their written permission?
☐ Yes ☐ No

2. Date of Alleged Discrimination (Month/Day/Year): _____

3. Location of Incident: _____

4. Which of the following best describes the reason you believe you were discriminated against? (Check all that apply)

☐ Race ☐ Color ☐ National Origin

5. Please explain what happened. Describe the alleged discrimination, including who was involved, what occurred, and why you believe it was discriminatory. Attach additional pages if necessary.

_____

_____

_____

6. Have you filed this complaint with any other agency?
☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Transit Administration (FTA)
☐ U.S. Department of Transportation (DOT)
☐ Department of Justice (DOJ)
☐ Equal Employment Opportunity Commission (EEOC)
☐ Other (please specify): _____

Provide contact information for the agency where the complaint was filed:

_____

Signature

I certify that the statements above are true to the best of my knowledge.

Signature: _____

Date: _____

For Official Use Only
Date Complaint Received: _____
Received By: _____