



Georgetown County Title VI Complaint Form Instructions



Title VI Complaint Form Purpose

The purpose of this form is to assist you in filing a complaint with Georgetown County. You are not required to use this form; a letter containing the same information will be sufficient. It is important, however, to include all information related, whether or not the form is used.

Complaint Form

Instruction:

If you would like to submit a Title VI complaint to Georgetown County, please fill out the attached form and send it to:

**Georgetown County
Attention: Title VI Program Coordinator
108 Screven Street
Georgetown, South Carolina 29440
Phone: 843-545-3325
Fax: 843-545-3648**

For questions, please contact Georgetown County's Title VI Coordinator at (843) 545-3325 or jdirks@gtcounty.org. For additional information with regards to Georgetown County's compliance with Title VI, see our website at <http://www.georgetowncountysc.org/>.





Georgetown County Title VI Complaint Form



*You are not required to use this form; a letter with the same information is sufficient.
However, the information requested in the items marked with a star (*) must be provided if
you submit something other than this form.*

1.* Your name and address.

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

2.* Person(s) discriminated against, if different from above:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

Please explain your relationship to this person(s).

3.* Agency and department or program that discriminated:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or division in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or division? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

_____ Zip _____

Telephone: Home: (____) _____ Work or Cell: (____) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, please explain why you waited until now to file your complaint and Georgetown County will evaluate the explanation and decide if a waiver is appropriate.

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of Georgetown County or other State or Federal agencies?

Yes ____ No ____

If so, do you remember the Complaint Number?

What agency and department or program was it filed with?

Address: _____

_____ Zip _____

Telephone No: (____) _____

Date of Filing: _____ Filed Against: _____

Briefly, what was the complaint about?

What was the result?

19.* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

(Signature)

(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

**Georgetown County
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108 Screven Street
Georgetown, South Carolina 29440
Phone: 843-545-3325
Fax: 843-545-3648**

20. How did you learn that you could file this complaint?

COMPLAINANT CONSENT/RELEASE

Your Name: _____

Address: _____

Complaint number(s): (if known) _____

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by Georgetown County. As a complainant, I understand that in the course of an investigation it may become necessary for Georgetown County to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of Georgetown County to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details that it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by Georgetown County's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by Georgetown County.

CONSENT/RELEASE

CONSENT - I have read and understand the above information and authorize Georgetown County to reveal my identity to persons at the organization or institution under investigation. I hereby authorize Georgetown County to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED - I have read and understand the above information and do not want Georgetown County to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

SIGNATURE

DATE