

TITLE VI COMPLAINT FORM
Chester County Connector Transportation (CCC)

CCC is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling (803) 385-3838. The completed form must be returned to CCC Office Title VI Coordinator, PO Box 1109 Chester SC 29706.

Name: _____ Phone: _____	
Street Address: _____	City/State/Zip Code: _____
Mailing Address: _____	City/State/Zip Code: _____
Person(s) discriminated against (if someone other than complainant):	
Name: _____ Phone: _____	
Street Address: _____	City/State/Zip Code: _____

Which of the following best describes the reason for the alleged discrimination took place?

(Circle one) Race Color National Origin (Limited English Proficiency) Other: _____

Please describe the alleged discrimination incident. Provide the names and title of all CCC employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

Title VI Complaint Form

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Please describe the alleged discrimination incident (continued)

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If so, list agency/agencies and contact information below:

Agency: _____ Contact Name: _____

Street Address: _____

City/State/Zip Code: _____

Agency: _____ Contact Name: _____

Street Address: _____

City/State/Zip Code: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainants Signature: _____ Date: _____

Print or Type Name of Complainant: _____

Date Received: _____
Received By: _____