



TITLE VI COMPLAINT FORM

CMCOG-COATS MPO recognizes its responsibilities to the communities it serves. It is CMCOG-COATS MPO’s policy to utilize its best efforts to assure that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under its programs or services, as provided by Title VI of the Civil Rights Act of 1964, as amended. These procedures apply to all external complaints relating to any program or activity administered by CMCOG-COATS MPO and/or its sub-recipients, consultants and contractors, filed under Title VI of the Civil Rights Act of 1964 as amended, (including Disadvantaged Business Enterprise and Equal Employment Opportunity components), as well as other related laws that prohibit discrimination.

The following information is necessary for processing your complaint. If you require assistance in completing this form, please contact the CMCOG-COATS MPO Compliance Officer by calling (803) 744-5133. Please return the completed form to the CMCOG-COATS MPO Compliance Officer at CMCOG-COATS MPO, 236 Stoneridge Drive, Columbia, SC 29210. Title VI complaints must be filed within 180 calendar days from the date of the alleged discrimination.

Complainant Name:

Name of Individual Assisting Complainant:

Complainant Address:

Assisting Individual Address:

Complainant Phone:

Assisting Individual Phone:

Complainant Alt. Phone:

Assisting Individual Alt. Phone:

Which of the following describes the reason(s) the alleged discrimination took place?

Race

Color

National Origin

Date(s) of Incident: _____



Please provide a detailed description of the circumstances of the incident(s), including any additional information supporting your complaint (please use additional pages as necessary).

Please provide the name(s), and title and address (if known) of the person who discriminated against the Complainant.

Please provide, if applicable, names and contact information of people who may have knowledge of the alleged incident(s) or are perceived as parties in the complained-of incident(s):

Please list any other agency where complaint has been filed:

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

Complainant's Signature

Print Name of Complainant

Date

Assisting Individual Complainant's Signature

Print Assisting Individual Name

Date

Date Received: _____ Received By: _____
