



Title VI Complaint Form

COATS MPO

The purpose of this form is to assist you in filing a complaint with the Columbia Area Transportation Study MPO (COATS). 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 the Central Midlands Council of Governments, please fill out the form below and send it to: Central Midlands Council of Governments, Attn: Reginald Simmons, 236 Stoneridge Drive, Columbia, SC 29210. For questions, please contact Reginald Simmons at (803) 376-5390 or rsimmons@centralmidlands.org. For a copy of the CMCOG full Title VI Plan, see our website at www.centralmidlands.org, or contact our office at (803) 376-5390.

Form with 7 numbered sections: 1. Name (Complainant), 2. Phone, 3. Home address, 4. Name of person(s) who allegedly discriminated, 5. Location and position of person(s), 6. Date of alleged incident, 7. Discrimination because of (with checkboxes for Race, National origin, Creed, Disability, Sex, Sexual orientation, Marital status, Age, Vietnam Era Veteran, Disabled Veteran, Low Income, Retaliation).

8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons were treated differently than you. Also, attach any written material pertaining to your case.

9. What specifically do you want Central Midlands Council of Governments to do about your complaint?

10. What other steps have you taken to try to resolve this complaint? What resulted from your attempts to resolve this complaint?

11. Please give other details that you feel would be helpful as it relates to the complaint and /or a resolution in this matter?

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

13. Have you filed this complaint against this agency before? If yes, when and with whom was it filed?

14. Have you filed any other complaints against this agency before? If yes, when and against whom were they filed. Please give a brief description of each complaint. What is the status of each complaint?

Name:

Date:

Address:

Phone number:

15. Have you filed this complaint with any other federal, state or local agency; or with any federal or state court?

Name:

Agency:

Address:

Phone number:



16. Are you represented by an attorney with regard to anything related to this matter?			
Name:	Agency:	Address:	Phone number:
17. Please list below any person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others):			
Name:	Job title:	Address:	Phone number:
18. Please sign below. You may attach any written materials or other information you think is relevant to your complaint. We cannot accept your complaint unless it's been signed.			
Signature:		Date:	

Please feel free to add additional sheets to explain the present situation to us. Please mail the completed, signed Discrimination Complaint Form (please make one copy for your records) to:

Central Midlands Council of Governments  
Executive Director  
236 Stoneridge Drive  
Columbia, SC 29210  
Phone: (803) 376-5390