



## Title VI Discrimination Complaint Form

<b>Last Name</b>	<b>First Name</b>	<input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>
<b>Mailing Address</b>	<b>City/State</b>	<b>Zip</b>
<b>Primary Telephone Number</b>	<b>Other Telephone Number</b>	<b>Email Address</b>
<b>Type of Discrimination</b> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Sex/Gender		
<b>Race of Complainant</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.		
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.		
The law prohibits intimidation or retaliation against anyone because they have either take action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above please explain the circumstances below. Describe		

the action you took which you believe was the cause for the alleged retaliation.

Name(s) of individual(s) responsible for the discriminatory action(s).

Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).

Name

Address

Telephone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

Action

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional information you feel would be helpful in investigation this matter.

Briefly explain what action you are seeking.

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

**Mail Complaint Form To:** City of North Myrtle Beach  
Attn: Title VI Coordinator

1018 2<sup>nd</sup> Avenue South, North Myrtle Beach, SC 29582

**FOR OFFICIAL USE ONLY**

Date Complaint Received: \_\_\_\_\_ Referred to: \_\_\_\_\_ Date Referred: \_\_\_\_\_

