



Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." Please provide the following information necessary in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Lowcountry Regional Transportation Authority
Kristine Hepburn, Director of Finance & Administration, Title VI Coordinator/Civil Rights Officer
PO Box 2029, Bluffton, South Carolina 29910
You may also call Palmetto Breeze at 843-757-5782 or email khepburn@palmettobreezetransit.com

Complainant's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ (Business): _____

Person discriminated against (if other than complainant)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

What was the discrimination based on? (Check all that apply)

Race Color National Origin

Date of the incident resulting in discrimination: _____

Describe how you were discriminated against. What happened and who was responsible? For additional space, attach additional sheets of paper or use the back of the form.

Title VI Complaint Form (continued)

What Palmetto Breeze representative(s) is the person alleging involved? _____

Where did the incident take place? Please provide location, bus number, drivers name, etc. _____

Were there witnesses? Please provide their contact information.

Name:

Address:

City: _____

State: _____ Zip Code:

Telephone (Home): _____ (Business): _____

State: _____ Zip Code:

Telephone (Home): _____ (Business): _____

Name:

Address:

City: _____

State: _____ Zip Code:

Telephone (Home): _____ (Business): _____

Name:

Address:

City: _____

Did you file this complaint with another federal, state, or local agency; or with a federal or state court?

(Check the appropriate space) Yes No

If you answered yes, check each agency it was filed with:

- Federal Agency Federal Court State Agency
 State Court Local Agency Other

Provide contact person information for the agency you also filed the complaint with:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____

Sign the complaint in the space below.

Attach any documents you believe supports your complaint.

Complainant's Signature

Signature Date