

TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION

Pickens County operates its programs and services without regard to race, color and national origin. Any person who believes that she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Pickens County.

Individuals wishing to request and/or receive additional information on its discrimination obligations, including its complaint procedures, please contact the person listed below or visit the administrative office at the address listed below:

Mrs. Louise A. Jackson, Transportation & Title VI Contact

1308 Griffin Mill Road

Easley, SC 29640

Phone # 864-859-5416

Email Address Ljackson@pcbdsn.org

Website www.pickenscountydnsnboard.org

Individuals wishing to file a discrimination complaint under Title VI, the written complaint must be filed to the address above within less than 180 days of the alleged discrimination.

Written complaints may also be filed with the U.S. Department of Transportation/Federal Transit Administration (FTA) no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by FTA, at the following address:

Federal Transit Administration

Office of Civil Rights

Attention: Complaint Team

East Building, 5th Floor-TCR

1200 New Jersey Ave., S.E.

Washington, DC 20590

APPENDIX E

Title VI Complaint Form

TITLE VI COMPLAINT FORM

SECTION I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?		
Large Print TDD	Audio Tape	Other
SECTION II:		
Are you filing this complaint on your own behalf?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>

*If you answer "yes" to this question, go to Section III.

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party Yes No

SECTION III

I believe the discrimination I experienced was based on (check all that apply):

Race Color National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happen and why you believe you were discriminate against. Describe all persons who were involved. Include the name and contact information of the persons(s) who discriminated against you (if known) as well as names and contact information of any witness. If more space is needed please use the back of this form.

SECTION IV

Have you previously filed a Title VI complaint with this agency? Yes No

SECTION V

Have you filed this complaint with any other Federal, State, or local agency or with any

Federal or State court? Yes No

Federal Agency _____ Federal Court State Court

State Agency **Local Agency**

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

SECTION VI

Name of Agency complaint is against:

Contact Person:

Title:

Telephone Number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below or mail for to:

Mrs. Louise A. Jackson, Transportation & Title VI Contact

1308 Griffin Mill Road

Easley, SC 29640 Email Address Ljackson@pcbdsn.org

Website www.pickenscountydnsnboard.org