



**PICKENS COUNTY GOVERNMENT
TITLE VI COMPLAINT FORM**

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____

NAME, POSITION AND DEPARTMENT OF PERSON WHO DISCRIMINATED AGAINST YOU:

NAME _____

POSITION/DEPARTMENT _____

PLEASE IDENTIFY ANY WITNESSES TO THE DISCRIMINATION AND PROVIDE CONTACT INFO:

WITNESS NAME _____

PHONE _____

WITNESS NAME _____

PHONE _____

WITNESS NAME _____

PHONE _____

DATE(S) OF DISCRIMINATION COMPLAINED OF _____

I WAS DISCRIMINATED AGAINST BECAUSE OF (CHECK ONE):

RACE

COLOR

NATIONAL ORIGIN

DISABILITY

