TITLE VI REPORT FORM



Greenville-Pickens Area Transportation Study

Section I:
Name:
Address:
Telephone Work: Cell:
Email:
Accessible Format Requirements? Large Print Telecommunication Device for the Deaf (TTY's) O Audio Tape Other:
Section II:
Are you filing this report on your own behalf? • Yes [*] • No *If you answered "yes" to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are reporting:
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

o No

Section III:

I believe the mistreatment I experienced was based on (check all that apply): \Box Color

 \square Race □ National Origin

Date of Alleged Incident (Month, Day, Year):

Explain as clearly as possible what happened and why you believe you were mistreated. Describe all persons who were involved. Include the name and contact information of the person(s) who mistreated you (if known) as well as names and contact information:

Signature of Reportee

Date



Or mail/fax to: Keith Brockington/Sam Julius Greenville County Square 301 University Ridge, Suite 3800 Greenville, SC 29601 Fax: (864)-467-7161