



TITLE VI COMPLAINT FORM

Before filling out this form, please read the TriCounty Link Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary to assist us in processing your complaint. If you require assistance in completing this form, please call the number below. Complaints must be filed within 180 calendar days after the date alleged discrimination occurred.

Mailing address: **TriCounty Link**
 305 Heatley Street
 Moncks Corner, South Carolina 29461
Telephone: **843-899-4096 Fax: 843-899-6553**

Complainant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (Home): _____ Other: _____

Date of alleged discrimination: _____

Which of the following best describes the reason you believe the discrimination took place?

Was it because of your: Race/Color: _____ National Origin: _____

Person discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes _____ No _____

