

# APPENDIX A

## Title VI Complaint Form

<b>Name</b>		
<b>Address</b>		
<b>Home Phone</b>	<b>Work Phone</b>	<b>Mobile</b>
<b>Description of Incident</b>		
<b>Basis of Complaint:</b> (i.e., Race, Disability, Income Status, Retaliation, Color, National Origin, Sex, or Age)		
<b>Date(s) on which alleged Incident occurred</b>		
<b>Name(s) and contact information of individuals who may have knowledge of the alleged discrimination</b>		
<b>Additional Comments</b>		

***Submit completed form via email to [KKelly@slcog.org](mailto:KKelly@slcog.org) or mail or deliver to "Title VI Coordinator, 2525 Corporate Way, Suite 200, Sumter, SC 29154"***