**Title VI Complaint Procedures**

Title VI of the Civil Rights Act of 1964 provides that no person shall, on the grounds of race,

color, national origin, sex, age, disability, income status or Limited English Proficient (LEP) be

excluded from participation in, be denied the benefits of, or be subjected to discrimination under

any program or activity receiving Federal financial assistance.

Any person who believes that they have been subjected to discrimination may file a written

complaint with the State Transport Police EEO/DBE Office. The complaint must be filed no

later than one-hundred eighty (180) days after the alleged incident.

The complainant may submit a written statement or download the Title VI Complaint Form on

the State Transport Police website.

The complaint should include the following information:

• The complainant’s name, mailing address, telephone number, email address, etc.

• Describe how, when, where, and why the complainant believes he or she was discriminated

against. Include the location, names, and contact information of any witnesses.

• Include any additional information the complainant considers relevant to the complaint.

• The complainant’s signature and date.

If you wish to file a complaint, please print and complete the form, retain a copy for your files.

The complaint form may be submitted through mail or delivered in person.

The complaint may be mailed or delivered in person to the following address:

**State Transport Police**

**P.O. Box 1993**

**10311 Wilson Boulevard**

**Blythewood, S.C. 29016**

**ATTN: Title VI Coordinator**

**(803) 896-5500**

**STPTitleVI@scdps.gov**

Within ten (10) days, the Title VI Program Coordinator will acknowledge receipt of the allegation,

inform the complainant of the action taken or proposed action to process the allegation, and advise

the complainant of other avenues of redress available, such as filing a complaint with the Federal

Motor Carrier Safety Administration.

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| **SECTION I** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Enter Full Name | | | | | | | | | | | | | | | | Date | | | | | | | | | Date | | | | |
| Street Address: | | | | | Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | City | | | | | | State | | | | State | | | | Zip Code | | | | | | | | | | | Zip Code | | | | |
| Home Telephone | | | | | Enter Number | | | | | | Business Phone | | | | | | | | | | | | | | Enter Number | | | | | | | | | |
| **SECTION II** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | | | No | | | | | |  |
| If Yes, go to section III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If No, please provide the following contact information for the person discriminated against: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Enter Full Name | | | | | | | | | | | | | | | | Date | | | | | | | | | | Date | | | |
| Street Address: | | | | | Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | City | | | | | | State | | | | State | | | | Zip Code | | | | | | | | | | Zip Code | | | | | |
| Home Telephone | | | | | Enter Number | | | | | | Business Phone | | | | | | | | | | | | | | Enter Number | | | | | | | | | |
| **SECTION III** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Person or Organization you believe has discriminated: | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| Date of alleged discrimination (Month/Day/Year) | | | | | | | | | | | | | Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | |
| Which of the following best describes the reason you believe the discrimination occurred? Check the box for all that apply. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race** | |  | | **Color** | | |  | | **National Origin** | | | | |  | | | | **Sex** | | | |  | | | | | **Age** | | | | |  | | |
| **Disability** | |  | | **Income Status** | | |  | | **Limited English Proficiency (LEP)** | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Explain what happened and why you believe you were discriminated against ( if more space is needed please | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| include attachments.) Please attach any written material or other information pertaining to this incident. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of event(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION IV** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you filed this complaint with any other federal, state or local agency; or with any Federal or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State court? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Federal Agency | | | | | | |  | | State Agency | | | | | | | | | |  | | | | Local agency | | | | | | | | | | |
|  | Federal Court | | | | | | |  | | State Court | | | | | | | | | |  | | | |  | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name / Title | | | Name & Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | City | | | | | | | | | State | | | | | State | | | | | | Zip Code | | | | | | | | | | Zip | |
| Telephone Number | | | | | | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please read the below acknowledgment and sign below.

**I understand that this is an official document of the South Carolina Department of Public Safety and that it will be used to determine whether an employee(s) is guilty of misconduct, unprofessional behavior or criminal activity. By my signature, I am verifying that I have carefully read this document and that based on my personal knowledge, I believe each and every allegation raised to be true. I also understand that it would be a felony to knowingly make any false statement on this form and that if I make any such false statement I would be subject to criminal prosecution under the laws of this state including but not limited to**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date