

DISCRIMINATION COMPLAINT FORM

SECTION I: COMPLAINANT INFORMATION:		
First Name	Last Name	
Mailing Address	City/State	Zip
Home Telephone	Other Telephone	E-mail Address
SECTION II: INCIDENT INFORMATION:		
Date of incident: Please include the earliest date of discrimination and the most recent date(s) of discrimination.		Date of Grievance submission:
Location of incident: (include street crossing, street number, Street, City State, ZIP)		
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.		
List the state and/or federal statues(s) or regulations(s) that the City of Rock Hill allegedly violated and detail with specificity the action(s) or inaction(s) by the City of Rock Hill that support the alleged violation. Use additional pages if necessary.		
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that, you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.		
Name(s) of individual(s) responsible for the discriminatory action(s).		

Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Please provide any additional information you feel would be helpful in investigating this matter.

Briefly explain what action you are seeking.

SECTION III: CERTIFICATION:

Complainant's Signature _____

Date _____

Print Name _____

Submit Complaint Form with any additional pages to:

City of Rock Hill
Attn: Ann Morgan, Title VI Coordinator
757 S. Anderson Road
Rock Hill, 29730

Or by email to:
Ann.morgan@cityofrockhill.com

For Official Use Only

Date Complaint Received: _____

Referred to: _____ Date Referred: _____

