



Title VI Discrimination Complaint Form

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City/State	Zip
Primary Telephone Number	Other Telephone Number	Email Address
Type of Discrimination <input type="checkbox"/> Race <input type="checkbox"/> Color National Origin		
Race of Complainant <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		
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.		
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.		
The law prohibits intimidation or retaliation against anyone because they have either take 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).

Name

Address

Telephone

1. _____

2. _____

3. _____

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

Action

Date

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

Briefly explain what action you are seeking.

Complainant's Signature

Date

Mail Complaint Form To: City of North Myrtle Beach
Attn: Title VI Coordinator

1018 2nd Avenue South, North Myrtle Beach, SC 29582

FOR OFFICIAL USE ONLY

Date Complaint Received: _____ Referred to: _____ Date Referred: _____

