



Title VI Complaint Form

Charleston County Aviation Authority is committed to ensuring that no person is excluded from the participation in or denied the benefits of its services on the basis of race, color, national origin, age, sex, creed, disability, or any other federally protected category as provided by the Title VI of the Civil Rights Act of 1964, as amended. Title VI Complaints must be filed within 180 days from the alleged discrimination.

Thank you for informing the Charleston County Aviation Authority of the situation that you encountered. The Authority takes discrimination very serious and does not tolerate such behavior.

The following information is necessary to process and investigate your reporting:

Section I, Complainant:	
Name: _____	
US Mailing Address:	
Street Address: _____	
City: _____ State: _____ Zip Code: _____	
Telephone: _____	Alternative Telephone: _____
Electronic Mail (email) Address: _____	
Accessible format(s) Requirements? ___ Large Print ___ Audio Tape ___ TDD	
Section II:	
Are you filing this complaint on your own behalf?	
<input type="checkbox"/> Yes* if you answered "yes" to this question, go to Section III	
<input type="checkbox"/> No	
If not, please supply the name and relationship of the person for whom you are complaining:	
Name: _____	Relationship: _____
Please explain why you have filed for a third party: _____ _____	
Confirm you have obtained permission by the aggrieved party to file on their behalf. ___ Yes ___ No	
Section III:	
I believe the discrimination I experienced was based on (check the appropriate box below):	
<input type="checkbox"/> Race; <input type="checkbox"/> Color; <input type="checkbox"/> National Origin; <input type="checkbox"/> Gender (23 USC 324);	
<input type="checkbox"/> Creed; <input type="checkbox"/> Age (Age Discriminate Act of 1975); <input type="checkbox"/> Disability (Rehab. Act 1973 section 504)	
Date of Alleged Discrimination (Month, Day, Year): _____	



Explain clearly what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No
When:

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
Check one: ☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.
Additional sheets can be provided, as needed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

What remedy, or action, is being sought for the alleged discrimination?

You may attach any written materials or other information that you think is relevant to your complaint.
Was additional information attached to the complaint form? If yes, please list the items below.

- 1.
- 2.

Signature must be provided by Complainant or 3rd party filling representative.

Complainant or third party representative

Date

MAIL FORM, DOCUMENTATION AND YOUR QUESTIONS TO:

Charleston County Aviation Authority
Attn.: Title VI Program Coordinator
5500 International Blvd #101,
N. Charleston, SC 29461