

**Clemson Area Transit dba City of Clemson
Title VI Discrimination Complaint Form**

Contact Information:

Complainants Name: _____

Address: _____

City _____ ST _____ Zip _____

Telephone Numbers:

(Home) _____ (Cell) _____ (Work) _____

Electronic Mail Address: _____

Person discriminated against (*if other than complainant*)

Complainants Name: _____

Address: _____

City _____ ST _____ Zip _____

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes ____ No ____

Discrimination Complaint:

What was the discrimination based on? (Check all that apply)

Race/Color/National Origin _____

Sex _____

Age _____

Disability _____

Religion _____

Other _____

Describe how you were discriminated against. Please explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved and where it occurred. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to the incident.

Please sign here: _____

Date: _____

Note- We cannot accept your complaint without a signature.

Please mail your completed form to:
CAT, ATTN: Budget and Grants Administrator
200 West Lane, Clemson, SC 29631