### Lower Savannah Council of Governments

**Title VI Complaint Form**

This form is to be completed by any person who believes they have experienced discrimination in regard to race, color or national origin while receiving transportation services. Please submit this complaint immediately if possible, but no later than 180 days to:

_Lower Savannah Council of Governments (LSCOG)_

PO Box 850  
2748 Wagener Rd  
_Aiken, SC  29802_

803-649-7981

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#### Section I:

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Email Address:</td>
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</tbody>
</table>

#### Accessible Formats Needed? Please Circle:  
- Large Print  
- TDD  
- Other:

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#### Section II:

Are you filing this complaint on your own behalf? Please Circle:  
- YES  
- NO

If “Yes,” please go to Section III

If “No,” please enter your name and relationship to the person for whom you are complaining:

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. Please Circle:  
- YES  
- NO

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#### Section III:

I believe discrimination was experienced based on: (Please check all that apply)

- [ ] Race  
- [ ] Color  
- [ ] National Origin

Date of Alleged Discrimination: (month/date/year)

Please identify the person or agency involved in the alleged discrimination:

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_Last Updated March 2017_
Section IV:

Please explain as clearly as possible what happened and why you believe you were discriminated against. Please include the names of those involved, or witnesses (if known). If necessary, please use an additional sheet of paper.

Section V:

Have you filed this complaint with any other Federal, State, or Local Agencies, or courts?

If “Yes,” please identify the agency and contact information for that agency:

*You may attach any written material or other information you think is relevant to your complaint.*

X

**Signature Above**  (Required)  **Date**

(required)