



# Town of Bluffton

## Title VI Notice to the Public

### **Non-discrimination Notice**

Town of Bluffton provides services and operates programs without regard to race, color, and national origin in compliance with Title VI of the Civil Rights Act. Any person who believes they have been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Town of Bluffton.

### **Request for Information**

Town of Bluffton shall post this notice on its website, in the passenger center and on all buses. To request additional

information about Town of Bluffton's non-discrimination obligations, send your written request to:

Katherine Robinson  
Human Resources Director/Civil Rights Committee Coordinator  
Town of Bluffton  
P.O. Box 386 Bluffton, SC29910  
[krobinson@townofbluffton.com](mailto:krobinson@townofbluffton.com)

### **Complaint Process**

As a member of the general public if you desire to file a discrimination complaint under Title VI, you may file a written complaint with the Town of Bluffton's Civil Rights Committee Coordinator or the Federal Transit Administration Office of Civil Rights, Attention:

Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.



# Town of Bluffton Title VI Complaint Form

<b>Section I:</b>					
Name:					
Home Phone:		Work Phone:			
Address:					
Email:					
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> TTD	<input type="checkbox"/> Audio Tape	Other	

<b>Section II:</b>			
Are you filling this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered no, please supply the name and relationship of the person for whom you are complaining:			
Please explain why you have filled for a third party:			
Please confirm that you have obtained the permission of the aggrieved party if you are filling on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Section III</b>	
I believe that discrimination I experience was based on:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Religion
Date of Alleged Discrimination (Month, Day, Year):	
Explain 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.	

<b>Section IV</b>	
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section V</b>	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, then what agency or court?	



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Please provide information about a contact person at the agency/ court where the complaint was filed.

Name:	
Title:	
Agency:	
Address:	
Phone:	

## Section VI

Name of agency complaint is against:	
Contact person:	
Title:	
Phone Number:	