South Carolina Department of Transportation

Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
Discrimination Complaint Form

<table>
<thead>
<tr>
<th>Complainant</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>☐ Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Female</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City/State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Home Telephone</td>
<td>Other Telephone</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

Person Discriminated Against (if other than complainant)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Government, or organization, or institution which you believe has discriminated:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>County</td>
</tr>
</tbody>
</table>

Telephone (    )

When did the discrimination occur? (Date)

Describe the acts of discrimination providing the name(s) where possible of the individuals who discriminated (use additional pages if necessary):

Have efforts been made to resolve this complaint through the internal grievance procedure of the government, organization, or institution? Yes_____ No______ If yes, what is the status of the grievance?
Has the complaint been filed with another bureau of the Department of Justice or any other Federal, State, or local civil rights agency or court?  Yes_____ No_____ If yes, which agency or court?

Agency/Court_______________________  Contact Name________________________________

City____________  State__________________ Zip__________________  Date Filed__________
Telephone___________________

Do you intend to file with another agency or court?   Yes_____ No_____  If yes, which agency or court?

Space for additional comments

___________________________________________  __________________
Signature                                                                                                    Date

Mail completed form to:                                    South Carolina Department of Transportation
                                                                 ADA Coordinator
                                                                 955 Park Street, Rm. 302
                                                                 P.O. Box 191
                                                                 Columbia, South Carolina 29202-0191

OR

Fax to:                                                                803-737-2071
Email:                                                                 adacoordinator@scdot.org

For Official Use Only

Date Complaint Received:______________
Referred to:_________________________
Date Referred:______________________