

Lexington County Discrimination Complaint Form

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Last Name	First Name		□ Male □ Female	
Mailing Address	City/State		Zip	
Home Telephone	Other Telephone		Email Address	
Type of Discrimination				
□ Race	□ Color	□ National O	rigin □ Age	
□ Religion	□ Disability	□ Sex/Gende	r	
Race of Complainant				
□ Black	□ White	□ Hispanic	☐ Asian American	
□ American Indian	□ Alaska Native	□ Pacific Islar	nder 🗆 Other	
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.				
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.				
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.				

Name(s) of individual(s) responsible for the discriminatory action(s).			
Name(s) of person(s) who made complaint. (Attach additional		nal information to support or clarify your	
<u>Name</u>	<u>Address</u>	<u>Telephone</u>	
1			
2			
3		attempt to resolve this complaint? Please	
include filing dates or other	·	attempt to resolve this complaint: Flease	
Action		Data	
		Date	
			
Please provide any additional information you feel would be helpful in investigating this matter.			
Briefly explain what action you are seeking.			
Complainant's Signature		Date	
Mail Complaint Form To: Lexington County, Community Development Department			
212 South Lake Drive, Lexington, SC 29072 Attention: Title VI Coordinator			
For Official Use Only			
Data Campulais I Booking I			
Date Complaint Received	Referred to:	Date Referred:	