

# Title VI Notice to the Public

## NOTICE TO BENEFICIARIES OF PROTECTION UNDER TITLE VI

### **Non-discrimination Notice**

SPARTA 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 SPARTA.

### **Request for Information**

SPARTA shall post this notice on its website, in the passenger center and on all buses. To request additional information about SPARTA's non-discrimination obligations, send your written request to:

Natasha Pitts

Minority Business Development Coordinator

City of Spartanburg

P.O. Pox 1749

Spartanburg, SC 29304

[npitts@cityofspartanburg.org](mailto:npitts@cityofspartanburg.org)

### **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 City of Spartanburg's Minority Business Development 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.

# Title VI Complaint Form

## SPARTA TITLE VI COMPLAINT FORM

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of 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.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible 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. If more space is needed, please use the back of this form. _____ _____				
<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	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, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone:	
<b>Section VI</b>	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	

You may attach any written materials or other information that you think is relevant to your complaint. Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

Natasha Pitts  
 Minority Business Development Coordinator  
 City of Spartanburg  
 145 W. Broad Street  
 Spartanburg, SC 29304  
[npitts@cityofspartanburg.org](mailto:npitts@cityofspartanburg.org)