**South Carolina Office of Resilience**

**Form Name** ENGLISH FORM (Est. 7/2024)

**TITLE VI CUSTOMER COMPLAINT FORM**

**The purpose of this form is to file a discrimination complaint. If filling a complaint as an applicant or recipient requesting EPA Financial Assistance, please complete form EPA Form 4700-4: Pre-award Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance.** Individuals are encouraged to use this form (\_\_\_\_\_) to file complaints with the South Carolina Office of Resilience (SCOR) about discrimination. In response to such complaints, SCOR will pursue administrative actions and/or refer the complaints to the appropriate department/unit for follow-up or enforcement actions, in compliance with state and federal laws.

SCOR is committed to complying with 40 CFR Part 7 and hereby assures that no person shall, on the grounds of race, age, color, sex, religion, genetic information, sexual orientation, pregnancy, disability, gender identity, veteran status, political affiliation, national origin, low income, and limited English Proficiency (LEP), be excluded from or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any licensing program, aid, or activity receiving federal financial assistance from the Environmental Protection Agency, as provided by Title VI of the Civil Rights Act of 1964, 40 C.F.R. part 7 ( entitled *Nondiscrimination In Programs or Activities Receiving Federal Assistance From The Environmental Protection Agency*), Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, Section 13 of the Federal Water Pollution Control Act Amendments of 1972.

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| **Please submit this completed form by fax, email, or mail, along with any other documents that may assist us in the investigation. *Please note that if you are unable to submit in writing, you may call (803) 896-4215.*** |
| **Fax Number:** (803) 896-8172**Office:** (803) 896-4729 | **SC Office of Inspector General**111 Executive Center Dr., Suite 204Columbia, SC 29210-8416 |

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| **A. Person Submitting the Complaint** |
| *Last Name* | *First Name* | *Middle Name* |
| *Address* |
| *City* | *State* | *Zip Code* | *Driver’s License Number and State* |
| *Phone Number* | *Email Address* |

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| **B. Please indicate the basis of the discrimination: (Check all that apply)** |
| [ ] Race [ ]  Disability [ ]  National Origin [ ]  Political Affiliation[ ] Color [ ]  Pregnancy [ ] Genetic Information [ ]  Low Income[ ]  Age [ ]  Religion [ ]  Veteran Status [ ]  I have limited ability to read, speak, write, or understand English[ ]  Sex [ ]  Sexual Orientation [ ]  Gender Identity  |

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| **C. Statement of factual allegation**  |
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| **D. Have you filed a police report or any legal action in connection with your complaint? (Filling a police report or legal action is not required to file this complaint)** |
| [ ]  **YES** *Please provide the agency name and case number***Agency: Case #:** hh[ ]  **NO** |

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| **E. Complaint Declaration** |
| *I hereby state that the information I have provided herein is true and correct to the best of my knowledge. I submit this complaint as part of my request for SCOR to conduct an investigation based on these alleged facts. I understand that I may be called upon to testify or provide a sworn statement regarding the allegations as part of the investigative proceedings.***SCOR OFFICE USE ONLY****Case #:****Complaint #:**Signature of Individual Submitting Complaint Date |