



Smart City | Smart Transit | Moving Forward Together

Title VI Complaint Form

Complainant's name: _____

Complainant's address: _____

City: _____ State: _____ Zip: _____

Home telephone number: (_____) _____

Other telephone number: (_____) _____

Race Color National origin Sex

Other _____

Date of Alleged Incident: _____

Explain as clearly as possible what happened and how you experienced discrimination. Indicate who was involved and be sure to include the names and contact information of any witnesses. If the incident took place on a bus any identification of the bus (route and direction, or bus number) would help as buses are equipped with security cameras. If more space is needed please use another sheet of paper.



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Have you filed this complaint with any other federal, state or local agency or with any federal or state court?

Yes No

If yes, check all that apply. Federal Agency Federal Court State Agency

State court Local agency

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

Contact's name: _____

Contact's address: _____

City: _____ State: _____ Zip: _____

Telephone number: (____) _____

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

Signature

Date

Please e-mail this form to starmetro.titlevi@talgov.com or mail to:

*Kathleen Wright, Equal Opportunity Officer/ADA Coordinator
City of Tallahassee
Department of Human Resources and Workforce Development
300 S. Adams Street, Box A-14
Tallahassee, Florida 32301*