

CITY OF TALLAHASSEE
TITLE VI COMPLAINT FORM

Complainant's name: _____

Complainant's address: _____

City: _____ State: _____ Zip Code: _____

Home telephone number: (____) _____

Other telephone number: (____) _____

Were you discriminated against because of (check all that apply):

- Race Color National Origin Sex Age Religion
 Disability Family Status Marital Status Sexual Orientation
 Gender Identity Other _____

Date of alleged discriminatory incident: _____

City department where alleged incident occurred: _____

Name(s) of City employee(s) involved, if known:

Please explain as clearly as possible what happened and how you experienced discrimination. Indicate who was involved and include the names and contact information of any witnesses. If the incident took place on a StarMetro bus, please provide identifying information (bus number, route, direction you were traveling, etc.) if you are able to do so. Please attach additional sheets of paper if more space is needed.

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 State agency Local agency

Federal court State court

Please provide information about the agency/court where the complaint was filed:

Agency/court name: _____

Agency/court contact's name: _____

Agency/court contact's address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: (____) _____

Please sign and date below. You may attach written materials, photographs, or other documentation that you believe is relevant to your complaint.

Signature

Date

Please send this form to:

Kathleen Wright, Title VI Coordinator
City of Tallahassee
Department of Human Resources and Workforce Development
300 S. Adams Street, Box A-14
Tallahassee, Florida 32301
Phone: (850) 891-8266
Fax: (850) 891-0833
Kathleen.Wright@talgov.com