

**CITY OF TALLAHASSEE**

**ADA/TITLE VI/NONDISCRIMINATION 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 or Expression       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 or were denied access or accommodation. 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 pages if more space is needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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  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, ADA/Title VI Coordinator**  
**City of Tallahassee**  
**Office of Diversity & Inclusion**  
**300 S. Adams Street, Box A-13**  
**Tallahassee, Florida 32301**  
**(850) 891-8266 (phone)**  
**(850) 891-0833 (fax)**  
**(850) 891-8169 or 711 (TTY/TDD)**  
**[Kathleen.Wright@talgov.com](mailto:Kathleen.Wright@talgov.com)**