



Complaint of Discrimination

The Okaloosa-Walton Transportation Planning Organization abides by both the Federal Transit Administration and the Florida Department of Transportation's Title VI/Nondiscrimination Programs. As a result, it is the policy of this agency, under ***Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Section 324 of the Federal-Aid Highway Act of 1973; Civil Rights Restoration Act of 1987; the Florida Civil Rights Act of 1992***, and related statutes and regulations, that no person in the United States shall, on the basis of race, color, national origin, sex, age, disability, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by this agency or its sub-recipients.

Section I:

Complainant(s) Name:

Complainant(s) Address:

Telephone (Home):

Telephone (Work):

Email Address:

Accessible Format
Requirements:

Large Print ☐

TDD ☐

Audio Tape ☐

Other ☐

Section II:

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 for:

Name:

Relationship:

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 ☐

Section III:

I believe the discrimination I experienced was based on (check
all that apply):

☐ Race

☐ Color

☐ National Origin

☐ Sex

☐ Age

☐ Disability

☐ Income Status

☐ Retaliation

☐ Other

Date of Alleged Discrimination:

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 witness. If more space is needed, please use back of this form.

Section IV	
Have you previously filed a Title VI complaint with this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State Court? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, check all that apply and list name of agency/court if known:	
<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal _____
<input type="checkbox"/> State Agency: _____	Court: _____
<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> State Court: _____
Section VI	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	Title: _____
Agency: _____	Telephone: _____
Address: _____	
You may attach any written materials or other information that you think is relevant to your complaint.	
Complainant or Complainant's Representative's Signature: _____	Date of Signature: _____

Please submit this form in person at the address below, or mail this form
to: Okaloosa-Walton TPO
Leandra Meredith, Title VI Coordinator,
418 E Gregory St, STE 100, Pensacola, FL 32502
Phone: 850-332-7976 Fax: 850-637-1923

Internal Use Only		
Date Complaint Was Received:	Date Investigation Was Completed:	Investigator Assigned: