

## Complaint of Discrimination

The Florida-Alabama 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/handicap, 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?

**\*If you answered "yes" to this question,  
go to Section III.**

Yes\* ☐

No ☐

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

☐ Handicap/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"/>
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### 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"/>
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If yes, check all that apply and list name of agency/court if known:

<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Federal Court: _____
<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> State Court: _____
<input type="checkbox"/> Local Agency: _____	

### 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(s) or Complainant(s) Representatives Signature:	Date of Signature:
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Please submit this form in person at the address below, or mail this form to:

Florida-Alabama TPO  
 Leandra Meredith, Title VI Coordinator,  
 4081 E. Olive Rd. Pensacola, Florida 32514  
 (850) 332-7976, Ext. 220 phone (850) 637-1923 fax  
 leandra.meredith@ecrc.org

### Internal Use Only

Date Complaint Was Received:	Date Investigation Was Completed:	Investigator Assigned:
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