

**Title VI Program
Complaint of Discrimination**TPO Director
October 2008

Complainant(s) Name:		Complainant(s) Address:
Complainant(s) Phone Number:		
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):		
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:		
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):		
Discrimination Because Of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Income Status	Date of Alleged Discrimination:
Please list the name(s) and phone number(s) of any person, if known, that the Okaloosa-Walton Transportation Planning Organization could contact for additional information to support or clarify your allegation(s).		
Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.		
Complainant(s) or Complainant(s) Representatives Signature:		Date of Signature:

Send completed form to:

Mary Bo Robinson TPO Director Fax 637-1923

PO Box 11399

Email mary.robinson@wfrpc.org

Pensacola, Florida 32524-1399

Phone 332-7976