

The Arc of South Florida - Title VI / Nondiscrimination Complaint

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"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Handicap/Disability <input type="checkbox"/> Income Status <input type="checkbox"/> Retaliation <input type="checkbox"/> Other	Date of Alleged Discrimination:
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Please list the name(s) and phone number(s) of any person, if known, that the Florida Department of Transportation 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:
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PLEASE SUBMIT THIS FORM AND ANY ADDITIONAL INFORMATION TO:
 THE ARC OF SOUTH FLORIDA - ATTN: EXECUTIVE DIRECTOR
 15280 NW 79 Ct. SUITE 251-MIAMI LAKES FL 33016