



Title VI Complaint Form

**Lake County Community Services Department
Transit Division**

Section I:				
Name:				
Address:				
Telephone (Home/Cell):			Telephone (Work):	
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		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:				
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):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other (specify)				
Date of Alleged Discrimination (Month, Day, Year): _____				
Location: _____				

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

Section IV:

Have you previously filed a Title VI complaint with this agency?

If so, when: Please provide a date and case number if applicable.

Date: _____

Case Number: _____

Yes

No

Section V:

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 and provide a case/reference number:

Federal Agency: _____

Federal Court: _____

State Agency: _____

State Court: _____

Local Agency: _____

Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI:
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Please submit this form in person at the address below:

Lake County Community Services Department
 Transit Division
 Title VI Specialist
 2440 US Highway 441/27
 Fruitland Park, FL 34731

Or mail this form to:

Lake County Community Services Department
 Transit Division
 Title VI Specialist
 P.O. Box 7800
 Tavares, FL 32778-7800

If information is needed in another language, please contact 352-323-5733