

**TITLE VI PROGRAM AND RELATED STATUTES  
DISCRIMINATION COMPLAINT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Work Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

You were discriminated against because of:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Race         | <input type="checkbox"/> National Origin | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Color        | <input type="checkbox"/> Sex             | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Retaliation  | <input type="checkbox"/> Age             | <input type="checkbox"/> Religion        |
| <input type="checkbox"/> Other: _____ |  |  |

Date of Alleged Incident: \_\_\_\_\_

Name(s) of the person(s)/program that are the basis of this complaint: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons, if any, were treated differently than you. Also attach any written material pertaining to your case.

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\_\_\_\_\_  
Signature Date

Please mail this form to: Metropolitan Planning Organization  
 Manny Lajmiri  
 Title VI Specialist  
 7530 Little Road  
 New Port Richey, FL 34654  
 727-847-8140