

CITY OF TALLAHASSEE

ADA/TITLE VI/NONDISCRIMINATION COMPLAINT FORM

Complainant's name: _____

Complainant's address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home telephone number: (____) _____

Other telephone number: (____) _____

Were you discriminated against because of (check all that apply):

- Race Color National Origin Sex Age Religion
 Disability Family Status Marital Status Sexual Orientation
 Gender Identity or Expression Other _____

Date of alleged discriminatory incident: _____

City department where alleged incident occurred: _____

Name(s) of City employee(s) involved, if known:

Please explain as clearly as possible what happened and how you experienced discrimination or were denied access or accommodation. Indicate who was involved and include the names and contact information of any witnesses. If the incident took place on a StarMetro bus, please provide identifying information (bus number, route, direction you were traveling, etc.) if you are able to do so. Please attach additional pages if more space is needed.

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: Federal agency State agency Local agency

Federal court State court

Please provide information about the agency/court where the complaint was filed:

Agency/court name: _____

Agency/court contact's name: _____

Agency/court contact's address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: (____) _____

Please sign and date below. You may attach written materials, photographs, or other documentation that you believe is relevant to your complaint.

Signature

Date

Please send this form to:

Kathleen Wright, ADA/Title VI Coordinator
City of Tallahassee
Office of Diversity & Inclusion
300 S. Adams Street, Box A-13
Tallahassee, Florida 32301
(850) 891-8266 (phone)
(850) 891-0833 (fax)
(850) 891-8169 or 711 (TTY/TDD)
Kathleen.Wright@talgov.com