

Appendix C

Tri-County Community Council, Inc. Complaint of Discrimination

Tri-County Community Council, Inc. abides by both the Federal Transit Administration and the Florida Department of Transportation's Title VI/Nondiscrimination Programs. As a result, it is the policy of this agency, under *Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Section 324 of the Federal-Aid Highway Act of 1973; Civil Rights Restoration Act of 1987; the Florida Civil Rights Act of 1992*, and related statutes and regulations, that no person in the United States shall, on the basis of race, color, national origin, sex, age, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by this agency or its sub-recipients.

Section I:

Complainant(s) Name:

Complainant(s) Address:

Telephone (Home):

Telephone (Work):

Email Address:

Accessible Format Requirements?

Large Print

TDD

Audio Tape

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 for:

Name:

Relationship:

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):

Race

Color

National Origin

Sex

Age

Handicap/Disability

Income Status

Retaliation

Other

Date of Alleged Discrimination:

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

Section IV

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

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:

<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> State Agency: _____	<input type="checkbox"/> Local Agency: _____
<input type="checkbox"/> Federal Court: _____	<input type="checkbox"/> State Court: _____	
Section VI		
Please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone:	
Address:		
You may attach any written materials or other information that you think is relevant to your complaint.		
Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature:	

Please submit this form in person at the address below, or mail to:

TRI-COUNTY COMMUNITY COUNCIL, INC.
 ATTN: TITLE VI COORDINATOR
 JOEL PAUL, JR., EXECUTIVE DIRECTOR
 302 NORTH OKLAHOMA STREET / P.O. BOX 1210 (USE P.O. BOX FOR MAIL)
 BONIFAY, FL 32425

If information is needed in another language, contact 800-395-2696.

Internal Use Only:	
Date Received by XXX :	Date Investigation Completed:

