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  [ ] 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 sheets of paper 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
Department of Human Resources and Workforce Development
300 S. Adams Street, Box A-14
Tallahassee, Florida  32301
Phone: (850) 891-8266
Fax: (850) 891-0833
Kathleen.Wright@talgov.com