

Complaint of Discrimination

The Calhoun County Senior Citizens Association, 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):	E-Mail Address:		
Accessible Format Requirements?	Large Print <input type="checkbox"/>	TDD <input type="checkbox"/>	Audio Tape <input type="checkbox"/>	Other <input type="checkbox"/>
Section II:				
Are you filing this complaint on your own behalf?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	
Section III:				
I believe the discrimination I experienced was based on (check all that apply): Date of Alleged Discrimination: _____				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin		
<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Handicap/Disability		
<input type="checkbox"/> Income Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other		
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?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Section V:				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 yo 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 this form to:

**Calhoun County Senior Citizens Association, Inc.
Marilyn Russell, Title VI Coordinator
16859 NE Cayson Street
Blountstown, Florida 32424
Phone: (850) 674-4163 Fax: (850) 674-8384
Email: senior1@gtcom.net**

Section IV:	
Date Received by Calhoun County Senior Citizens Association, Inc.:	Date Investigation Completed: