



**Orange County Government Title VI Discrimination
COMPLAINT FORM**

I. COMPLAINANT'S INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # Work: _____ Home: _____ Cell: _____

Email Address: _____

Are you submitting this request on your own behalf? Choose one: Yes? ____ or No? ____

If No:

- What is your relationship to the person for whom you are complaining?

- Please explain why you have filed as a third party?

- Please confirm that you have obtained the permission of the aggrieved party.
 - Choose one: Yes? ____ or No? ____

II. ALLEGATIONS:

You believe the discrimination you experienced is based on which of the following: select one or as many that apply:

- Race Color National Origin
 Age Disability Family or Religious Status
 Other _____

Please explain as clearly as possible what happened, date and time it happened, and why you believe you were discriminated against. Describe all persons who were involved, including the name and contact information of the person(s) who you believe discriminated against you (if known).

Date and time of alleged discrimination: _____

Location of alleged discrimination: _____

Details of incident (use additional lines if necessary):

Allegations continued space if needed:

III. WITNESSES:

Witness 1: First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # Work: _____ Home: _____ Cell: _____

Email Address: _____

Witness 2: First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # Work: _____ Home: _____ Cell: _____

Email Address: _____

Witness 3: First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # Work: _____ Home: _____ Cell: _____

Email Address: _____

Do you have any documents (emails, text messages, printed distributions, pictures) that support your position? Choose one: Yes? ____ or No? ____

If **YES**, please preserve them.

Have you previously filed a Title VI complaint with this agency? Choose one: Yes? ____ or No? ____

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? Choose one: Yes? ____ or No? ____

- o If **YES**, which agency?
 - [] Federal Agency: _____
 - [] Federal Court: _____
 - [] State Agency: _____
 - [] State Court: _____
 - [] Local Agency: _____

Please provide information regarding a contact person at the agency/court where the complaint mentioned above was filed:

- Contact name: _____
- Title: _____
- Agency name: _____
- Agency address: _____
- Telephone: _____

IV. LEGAL REPRESENTATION

Are you represented by an attorney for this complaint? Choose one: Yes? ____ or No?

- o If yes, please complete the following:

Attorney's Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

V. AFFIRMATION AND SIGNATURE:

I, _____), do hereby affirm that to the best of my knowledge
(Your name here)

and belief the allegation(s) made by me on this complaint form is (are) true and based on fact.

Complainant's Signature (typed)

Date

Please submit your signed complaint form to:

Orange County Human Resources
Attention: Title VI Coordinator
450 E. South Street
Orlando, FL 32801
Via US mail or in person between the hours of 8AM and 5PM