



**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? \_\_\_\_

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**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:

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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