CITY OF TALLAHASSEE

ADA/TITLE VI/NONDISCRIMINATION COMPLAINT FORM

Complainant's name: _							
Complainant's address:							
City:	State	State: Zip Code:					
Home telephone numbe	r: ()						
Other telephone numbe	r: ()						
Were you discriminated	against beca	use of (check	all that ap	ply):			
□ Race □ Color	□ Na	tional Origin	□ Sex		☐ Age		Religion
☐ Disability ☐ Famil	ly Status	☐ Marital S	tatus	□ Sexu	ıal Orienta	tion	
☐ Gender Identity or I	Expression	□ Other					
Date of alleged discrimi	natory incide	ent:					
City department where	alleged incide	ent occurred:					
Name(s) of City employ	ee(s) involved	l, if known: _					
Please explain as clearly were denied access or a contact information of a identifying information so. Please attach addition	ecommodatio ny witnesses. (bus number	n. Indicate when the incider of the incident of the incider of the	ho was inv nt took pla ion you we	olved an	nd include t StarMetro	he nam bus, ple	es and ease provide

Have you file state court?	d this complaint with any oth	er federal, state, o	r local agency or with any federal or
□ Yes	□ No		
If yes, check	all that apply: \square Federal ag	ency 🗆 State ager	ncy 🗆 Local agency
☐ Federal co	ourt State court		
Please provid	le information about the agen	cy/court where the	e complaint was filed:
Agency/cour	name:		
Agency/cour	t contact's name:		
Agency/cour	contact's address:		
City:		State:	Zip Code:
Telephone nu	ımber: ()		
	nd date below. You may atta on that you believe is relevant		, 1
Signature			Date
Please send t	his form to:		

i lease senu uns form to.

Kathleen Wright, ADA/Title VI Coordinator City of Tallahassee Office of Diversity & Inclusion 300 S. Adams Street, Box A-13 Tallahassee, Florida 32301 (850) 891-8266 (phone) (850) 891-0833 (fax) (850) 891-8169 or 711 (TTY/TDD) Kathleen.Wright@talgov.com, starmetro.titlevi@talgov.com