



Title VI Complaint Form

Section I				
Name:				
Address:				
Phone (Home):			Phone (Work):	
E-mail Address:				
Other Accessible	Large Print		Audio	
Format:	TDD		Other	
Section II				
Are you filing this complaint for yourself?			Yes*	No
*If you answered "yes" to this question, go to Section III				
If no, please provide the name of the individual with the complaint:				
Please explain why you are completing this form on behalf of someone else:				
Have you received permission from the individual with the complaint to file this form on their behalf?			Yes	No
Section III				
I believe the discrimination I have experienced is due to (select all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Family or Religious Status <input type="checkbox"/> Age <input type="checkbox"/> Handicap <input type="checkbox"/> National Origin <input type="checkbox"/> Other _____				
Date the Alleged Discrimination Occurred (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Include the name and contact information of the person who discriminated against you (if known) and the name and contact information of any witnesses. If you need more space, use the back of this form _____ _____ _____ _____				
Section IV				
Have you already filed a Title VI complaint with this agency?			Yes	No

Section V

Have you filed this complaint with any other Federal, State or local agency, or any other Federal or State court?

Yes No

If yes, select all you have contacted:

Federal Agency State Agency Local Agency
 Federal Court State Court

Please provide contact information for the agency/court where you filed the complaint.

Name:

Title:

Agency:

Address:

Phone Number:

Section VI

The agency named in your complaint:

Contact Person:

Title:

Phone Number:

Please include any documentation or other information you believe are relevant to your complaint.

Please Sign and Date below:

Signature

Date

Please return this form in person to the address below, or mail it to:

Broward Children's Center
ATTN: David Williams, Transportation Manager
1801 East Atlantic Boulevard
Pompano Beach, FL 33060