

TITLE VI COMPLAINT FORM

Section I

Name: _____

Address: _____

Please provide mailing address in the following format. Street Address, City, State, Zip Code

Telephone: *(Please provide at least one number)*

Home() _____

Cell:(): _____

Work () _____

Electronic Mail (e-mail) Address: _____

(To be used solely for the purposes of this complaint)

If we have additional questions, what is the best method to contact you: *(Check all that apply)*

Email

Home Phone

Cell Phone

WorkPhone

If you are disabled and require an accommodation, please check all applicable formats.

Large
Print

AudioTape

TDD

Other Please explain

Section II

Are you filing this complaint on your own behalf? Yes _____ No _____

**if you answered "Yes" to this question above, skip to Section III, below.*

If not, please supply the following information about the person for whom you are complaining:

Name: _ _____

[Note: The person identified have shall be the subject of Section III, below; and will be referred to as "you" throughout this form

Address (Address, City, State, Zip_

Phone Number: Home: _____ Cell: _____

Description of relationship *(e.g. parent, sibling, spouse, lawyer, etc.)* _____

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

No

¹ *(Please check one, if applicable)*

Section III

Please identify on what basis you believe you were discriminated against (*Check all that apply*):

Race

Color

National Origin

Date of Alleged Discrimination (Month, Day, Year): _____

NOTE: YOU HAVE 180 DAYS FROM THE DATE OF THE INCIDENT TO FILE A COMPLAINT

Explain as what happened and why you believe you were discriminated against Identify all persons who were involved in the alleged discrimination, and describe their actions in detail. Provide the name (s) and contact information (telephone number, email, and/or address) for any witnesses. You may attach any written materials or other information that you think is relevant to your complaint. 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	No
<i>*If you answered "No" to this question above, skip to Section V, below.</i>		
• If "yes," please state how many complaints have been filed?		
• If "yes," has a violation ever been found?	Yes	No

Section V

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

Yes No*

If you answered "No" to this question, skip to Section VI

If yes, check all that apply:

Federal Agency:

Federal Court

State Agency

State Court

Local Agency

Please provide a copy of the complaint, and/or the following contact information about the agency/court where you filed the other complaint(s).

Name:

Title:

Agency:

Address:

Telephone:

Date filed:

If the matter was resolved, please provide a copy of the findings or order, and/or provide a brief summary of the findings here

Section VI

BY SIGNING BELOW, I HEREBY DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Signature

Date

Please submit this form, in person or via mail, to the address below:

Linda Gonzalez,

Human Resources and Risk Management Director and Tile VI Coordinator

City of Dania Beach

100 W Dania Beach Blvd.

Dania Beach, Fl. 33004

Phone: 954.924.6810 x3608

