

CITY OF GREENACRES

COMPLAINT OF TITLE VI DISCRIMINATION

The CITY, as a recipient of federal financial assistance, is required to ensure that its services and related benefits are distributed in a manner consistent with Title VI of the Civil Rights Acts of 1964, as amended.

Any person who believes that he or she, individually or as a member of any specific class of persons, has been subjected to discrimination under Title VI, on the basis of race, color, national origin, sex, religion, age, disability or family status, may file a written complaint with the CITY.

We are asking for the following information to assist us in processing your complaint. If you need help in completing this form, please let us know.

1. Complainant

Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

E-mail Address: _____

2. Person discriminated against (if someone other than the complainant):

Name: _____

Street Address: _____

City, State, Zip Code: _____

Tel. Home Number: _____ Bus. Number _____

E-mail Address: _____

3. Are you represented by an attorney for this complaint?

Yes No

If yes, please complete the following:

Attorney's Name: _____

Street Address: _____

City, State, Zip Code _____

Telephone Number: _____

4. Which of the following best describes the reason you believe the discrimination took place:

Race Color National Origin

Sex Disability Age

Religion Family Status

5. Date of the alleged discrimination: _____

6. In the space below, please describe the alleged discrimination. Explain what happened and who you believe was responsible.

7. Have you filed a complaint of the alleged discrimination with a federal, state or local agency; or with a state or federal court?

Yes No

If yes, check all that apply:

Federal Federal Court

State State Court

Local

Please provide the name of the Agency where you filed your complaint.

Name: _____

Contact Person: _____

Please sign below. You may attach any additional information you think is relevant to your complaint.

Signature of Complainant Date

Submit your signed complaint and any attachments to:

Human Resources Director/ Title VI & ADA Officer
City of Greenacres
5800 Melaleuca Lane
Greenacres, FL 33463
Telephone: 561-642-2001
Fax: 561-642-2027

Deaf, Hard of Hearing, Deaf/Blind, or Speech Impaired (English, Spanish, or French Creole): Please contact the CITY by calling toll-free to the Florida Relay Service, 7-1-1