

Sally J. Pimentel Deaf & Hard of Hearing Center, Inc.

Title VI Complaint Form

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|---|---|--|------------------------------|
| Section I: | | | |
| Name: | | | |
| Address: | | | |
| Telephone (Home): | | Telephone (Work): | |
| Electronic Mail Address: | | | |
| Accessible Format Requirements? | Large Print | | Audio Tape |
| | TDD | | Other |
| Section II: | | | |
| Are you filing this complaint on your own behalf? | | Yes* | No |
| *If you answered "yes" to this question, go to Section III. | | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | |
| 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 |
| Section III: | | | |
| I believe the discrimination I experienced was based on (check all that apply): | | | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Family or Religious Status | <input type="checkbox"/> Other (explain) _____ | |
| Date of Alleged Discrimination (Month, Day, Year): _____ | | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. 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 |

Section V

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

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court _____

☐ State Court _____

☐ State Agency _____

☐ Local Agency _____

Please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Section VI

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

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

Amy Turner, Executive Director
Sally J. Pimentel Deaf & Hard of Hearing Center, Inc.
1860 Boy Scout Dr., Ste. B208
Fort Myers, FL 33907

OR
The Federal Transit Administration
Office of Civil Rights
1200 New Jersey Ave, SE
Washington, D.C. 20590