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| **River to Sea to Sea Transportation Planning Organization** **Title VI / Nondiscrimination Program** **Complaint of Discrimination**  |
| Complainant(s) Name: | Complainant(s) Address: |
| Complainant(s) Phone Number: |
| E-mail Address: |
| Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.): |
| Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You: |
| Names of the Individual(s) Whom You Allege Discriminated Against You (If Known): |
| DiscriminationBecause of: | € Race € Color € National Origin€Sex € Age € Handicap/Disability€ Income Status € Retaliation € Other | Date of Alleged Discrimination: |
| Please list the name(s) and phone number(s) of any person, if known, that the Volusia Transportation Planning Organization could contact for additional information to support or clarify your allegation(s). |
| Please explain as clearly as possible **how**, **why, when** and **where** you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed. |
| Complainant(s) or Complainant(s) Representative(s) Signature: | Date of Signature: |