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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): | | |
| Discrimination  Because 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: |