



Name		Daytime Phone (if available)	Evening Phone (if available)
Address (Street, P.O. Box, etc.)		City, State, Zip Code	
Name of person(s) who discriminated against you, position (if known):			
Please describe the event, occasion, place, etc. where the discrimination took place:			
Date of alleged incident:			
Discrimination on the basis of (please check):			
<input type="checkbox"/> Race	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex	<input type="checkbox"/> Familial Status
<input type="checkbox"/> Religion	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age
<input type="checkbox"/> Disability			
Please briefly explain the incident that triggered a Title VI violation, including the nature of the event, who was involved and any other details necessary for an investigation. (NOTE: You may use the other side of this paper and/or attach a separate document.)			
Signature		Date	
<p>Mail to: MetroPlan Orlando, ATTN: Title VI Complaint, 250 S. Orange Avenue, Suite 200, Orlando, FL., 32801</p> <p>Email: info@MetroPlanOrlando.gov</p>			