

MetroPlan Orlando Title VI Complaint Form

Name	lame		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):					
Race	Retaliation S	ex Famil	ial Status	Religion	
Color	National Origin A	ge Disak	oility		
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	Date		
Mail to: Cynthia Lambert, MetroPlan Orlando, 250 S. Orange Avenue, Suite 200, Orlando, Fl., 32801					
Email: clambert@metroplanorlando.org Fax: (407) 481-5680					