

Do you have permission from the aggrieved party to file this complaint? YES NO

Section III

I believe the discrimination I experienced was based on (check all that apply):

- ☐ Race
- ☐ Class / Socioeconomic Status
- ☐ National Origin

Date(s) when the alleged discrimination occurred:

Location(s) where the alleged discrimination occurred:

Describe as clearly as possible what happened, and why you believe discrimination occurred.
Describe all persons involved, and provide their names and contact information if possible.

Identify any person who may provide additional information to support or clarify this Title VI Complaint by providing that person's name, telephone number and/or email address.

NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

Is there any other relevant information to further the investigation of this complaint?

What do you suggest as corrective actions to prevent a recurrence of this problem?

Section IV

If you have complained about this problem before, please provide specific details:

a. When did this happen?

b. Where did this happen?

d. Was a complaint filed with Manatee County Government?

YES ☐

NO ☐

If yes, please provide the date of the previous complaint.

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 the agency or agencies that apply:

Federal Agency ☐

Name:

Federal Court ☐

Name:

State Agency ☐

Name:

State Court ☐

Name:

Local Agency ☐

Name:

You may attach any written materials or other information that you believe 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:

Manatee County Area Transit, Planning Manager
2411 Tallevast Road
Sarasota, FL 34243