

# ALLIANCE FOR INDEPENDENCE

## TITLE VI COMPLAINT FORM

|                   |                   |                         |
|-------------------|-------------------|-------------------------|
| Name:             |                   |                         |
| Address:          |                   |                         |
| Telephone (Home): | Telephone (Cell): | Telephone (Work/Other): |
| Email Address:    |                   |                         |

**Section II:**

Are you filing this complaint on your own behalf?\*  Yes  No

\*If you answered "Yes" to this question, continue to Section III.  
\*If you answered "No" to this question, complete the rest of this section.

Please supply the name of and relationship to the person for whom you are completing this complaint:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please explain why you have filed for a third party:

Please confirm that you have obtained permission from the person for whom you are filing.  Yes  No

**Section III:**

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

Race  Color  National Origin

Date of Alleged Discrimination (Month/Day/Year): \_\_\_\_\_

Explain as briefly and clearly as possible what happened and how you were discriminated against. Describe all persons who were involved. Be sure to include how others were treated differently. If known, include the name and contact information of the person(s) who discriminated against you as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. Also attach any written material relevant to your case.

**Section IV**

Have you previously filed a Title VI complaint against this agency?

 Yes No**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 all that apply:

 Federal Agency  Federal Court  State Agency  State Court  Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed:

Name &amp; Title:

Agency:

Address:

Telephone:

**Section VI**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

**Signature and date required below:**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Please submit this form in person or via mail to:

Katie Daughtrey Tinsley, Title VI Coordinator

Alliance for Independence

1038 Sunshine Drive East

Lakeland FL 33801