The Arc Tampa Bay Title VI Complaint Form



Section I:						
Name:						
Address:						
Telephone (Home):	elephone (Home): Telephone (Work):					
Email Address:						
Section II:						
Are you filing this complaint on your own behalf?	YES	NO 🗆				
If you answered "YES" to this question, go to Section III						
If not, please supply the name and relationship of the person for whom you	are complaining:					
Please explain why you have filed for a third party:						
Please confirm that you have obtained the permission of the aggrieved par	ty if you are filing on beh	alf of a third party				
YES NO						
Section III:						
I believe the discrimination I experienced was based on (Check all that app	oly):					
Race Color National Origin	Age 🗌	Disability				
Family or Religious Status Other (Explain):						
Date of Alleged Discrimination (Month, Day, Year):						
Explain as clearly as possible, what happened and why you believe you we	ere discriminated against	. Describe all persons who				
were involved. Include the name and contact information of the person/s w		•				
names and contact information of any witnesses. If more space is needed,	please use the back of the	his form.				
Section IV:						
Have you previously filed a Title VI complaint with 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 a	pply:					
☐ 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:					
Title:					
Agency:					
Address:					
Telephone:					
Section VI:					
Name of agency complaint is against:					
Contact person:					
Title:					
Telephone number:					
You may attach any written materials or other information that you think is information in the comment section below.	relevant to your complaint or provide additional				
Signature and date required below:					
Signature	Date				
Please submit this form in person at the address listed below, or mail this form	orm to:				
Michelle Freeman, Title VI Liaison	Phone:727-799-3330, extension 7704				
The Arc Tampa Bay	Email:TitleVI@thearctb.org				
Address: 1501 N. Belcher Road; Suite 249; Clearwater, FL 33765					
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Additional Comments:					
For The Arc Tampa Bay Use Only:					
Date Received in Office:	•				
Received By.					
Comments:					