

Brevard County Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI states that *"no person in the United States shall, on the ground of race, color, or national origin, sex, age, disability, religion, income or family status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance"* (42 U.S.C. § 2000d).

Before completing this form, please read Brevard County's Title VI Complaint Procedures located on our website or by visiting our office.

The following information is necessary and required to assist in processing your complaint. If you require assistance in completing this form, please contact us at the phone number listed. Complaints must be filed within 180 calendar days after the dated alleged discrimination occurred.

Section 1

First Name

Last Name

Street

City

State

Zip Code

Telephone (Home)

Telephone (Work)

Email Address

Accessible Format Requirements (Choose all that apply)

Large Print

Telecommunication Device

Audio Tape

Other

Section 2

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 party if you are filing on behalf of a third party.

I confirm this to be true

Section 3

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

- | | | | | | |
|----------|--------|-----------------|-----|-----|------------|
| Race | Color | National Origin | Sex | Age | Disability |
| Religion | Income | Family Status | | | |

Date of Alleged Discrimination

Location where incident occurred

Name and title of person who allegedly subjected you to Title VI discrimination

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section 4

Have you previously filed a Title VI complaint with this agency? Yes No

Section 5

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 Name of Agency

Federal Court Name of Court

State Agency Name of Agency

State Court Name of Court

Local Agency Name of Agency

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

First Name Last Name

Title Agency

Street City State Zip Code

Telephone

Section 6

Name of agency complaint is against Phone number

Contact person Title

You may attach any written materials or other information that you think is relevant to your complaint.