

TITLE VI COMPLAINT FORM

Section I		
Name: _____		
Address _____, _____, _____ <i>Please provide mailing address in the following format: Street Address, City, State, Zip Code</i>		
Telephone: <i>(Please provide at least one number)</i>	Home () _____ - _____	
Cell: () _____ - _____	Work () _____ - _____	
Electronic Mail (e-mail) Address: _____ <i>(To be used solely for the purposes of this complaint)</i>		
If we have additional questions, what is the best method to contact you: <i>(Check all that apply)</i>		
Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/>		
If you are disabled and require an accommodation, please check all applicable formats.	Large Print <input type="checkbox"/>	Audio Tape <input type="checkbox"/>
	TDD <input type="checkbox"/>	Other Please explain _____ _____
Section II		
Are you filing this complaint on your own behalf? <i>(Please check one)</i>		Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>*If you answered "Yes" to this question above, skip to Section III, below.</i>		
If not, please supply the following information about the person for whom you are complaining:		
Name: _____		
<i>[Note: The person identified above shall be the subject of Section III, below; and will be referred to as "you" throughout this form.]</i>		
Address _____, _____, _____ <i>Please provide mailing address in the following format: Street Address, City, State, Zip Code</i>		
Phone Number: Home () _____ - _____ Cell: () _____ - _____		
Description of relationship <i>(e.g. parent, sibling, spouse, lawyer, etc.)</i> _____		
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>(Please check one, if applicable)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Section III		
Please identify on what basis you believe you were discriminated against (<i>Check all that apply</i>):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year): __/__/____		
NOTE: YOU HAVE 180 DAYS FROM THE DATE OF THE INCIDENT TO FILE A COMPLAINT.		
Explain as what happened and why you believe you were discriminated against. Identify all persons who were involved in the alleged discrimination, and describe their actions in detail. Provide the name (s) and contact information (telephone number, email, and/or address) for any witnesses. You may attach any written materials or other information that you think is relevant to your complaint. If more space is needed, please use the back of this form. _____		

Section IV		
Have you previously filed a Title VI complaint with this agency? <i>*If you answered "No" to this question above, skip to Section V, below.</i>	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
• If "yes," please state how many complaints have been filed? _____		
• If "yes," has a violation ever been found?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section V		
Have you filed this complaint with any other Federal, State, or local agency, or with any court? Yes <input type="checkbox"/> No* <input type="checkbox"/> <i>*If you answered "No" to this question, skip to Section VI on page 3.</i>		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency:		
<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency	
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency	
Please provide a copy of the complaint, and/or the following contact information about the agency/court where you filed the other complaint(s).		
Name: _____		
Title: _____		
Agency: _____		
Address: _____		
Telephone: (____) ____ - _____		
Date filed: _____		
If the matter was resolved, please provide a copy of the findings or order, and/or provide a brief summary of the findings here. _____		

Section VI

**BY SIGNING BELOW, I HEREBY DECLARE, UNDER PENALTY OF PERJURY,
THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

Signature

Date

Please submit this form, in person or via mail, to the address below:

Rose Amberson, Title VI Coordinator
City of North Miami Beach
17011 NE 19th Avenue
North Miami Beach, FL 33162
305-787-6035