

<b>City of Port Orange Title VI Program Complaint of Discrimination</b>		
Complainant(s) Name:	Complainant(s) Address:	
Complainant(s) Phone Number:		
Complainant(s) Email:		
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):		
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:		
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):		
Discrimination Because Of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Income <input type="checkbox"/> Family Status <input type="checkbox"/> Religion <input type="checkbox"/> Disability	Date of Alleged Discrimination:
Please list the name(s) and phone number(s) of any person, if known, that the City of Port Orange could contact for additional information to support or clarify your allegation(s).		
<b>Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.</b>		
Complainant(s) or Complainant(s) Representatives Signature:		Date of Signature:

**Send completed form to:**

Title VI Coordinator  
 1000 City Center Circle  
 Port Orange, FL 32129  
 Phone: 386-506-5560  
 Email: hradmin@port-orange.org