



# WEST PALM BEACH

## TITLE VI COMPLAINT FORM

Title VI of the 1964 Civil Rights Act and the Highway Act of 1973, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) require that: no person in the United States shall, on the ground of race, color, national origin, sex, religion, age, disability 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.

The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know. Complete and return this form to the Assistant Director of Human Resources, Tim Scott, Title VI Coordinator, City Hall, PO Box 3366, West Palm Beach, FL 33402, or via e-mail to: [ada-compliance@wpb.org](mailto:ada-compliance@wpb.org).

1. Your Name \_\_\_\_\_

2. Your Address \_\_\_\_\_

3. Your City, State, and Zip Code \_\_\_\_\_

4. Your telephone Number: (home) \_\_\_\_\_ (work/other) \_\_\_\_\_

5. Person discriminated against (if someone other than yourself):

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

Address: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

6. Agency and Department or program you allege engaged in discrimination:

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7. Basis for alleged discrimination (check all that apply):

a. Race/Color \_\_\_\_\_

b. National Origin \_\_\_\_\_

c. Sex \_\_\_\_\_

d. Religion \_\_\_\_\_

e. Age \_\_\_\_\_

f. Disability \_\_\_\_\_

g. Family Status \_\_\_\_\_

8. What date did the alleged discrimination take place? \_\_\_\_\_

9. In your own words, describe the alleged discrimination as clearly as possible, why you believe it happened, and how you were discriminated against. Tell us who was involved, and who you believe was responsible. Be sure to include how other persons were treated differently from you. Please use additional sheets if necessary and attach a copy of written materials that you think supports your complaint.

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10. Please list all witnesses with contact information who may help us investigate your claim:

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11. 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

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

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

Address: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

13. **We cannot accept a complaint if it has not been signed. Please sign and date this form on the lines shown below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name