



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 that receive federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, 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 a complaint. If you require any assistance in completing this form or if information is needed in another language, please contact the Human Resources Coordinator by calling (561) 395-8920 ext. 233. A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

Complete and return this form to: The Volen Center, Human Resources Department, Attn: Title VI Coordinator. 1515 West Palmetto Park Road, Boca Raton, Florida 33486

Complainant's Name: _____

1. Address: _____

City: _____ State: _____ Zip Code: _____

2. Telephone Number (home) _____ (business) _____

3. Email Address: _____

4. Person Discriminated against (if someone other than the complainant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home) _____ (business) _____

5. Which of the following best describes the reason you believe the discrimination took place?

Was it due to:

- | | | | |
|---------------------|--------------------------|----------------|--------------------------|
| a. Race/Color: | <input type="checkbox"/> | d. Age: | <input type="checkbox"/> |
| b. National Origin: | <input type="checkbox"/> | e. Disability: | <input type="checkbox"/> |
| c. Gender: | <input type="checkbox"/> | | |

6. What was the date and time when the alleged discrimination occurred? _____

7. What was the location where the alleged discrimination occurred? _____

8. If applicable, what was the name and position/title of the person or people who allegedly caused a Title VI discrimination?

9. Please provide the following information for any witnesses to the occurrence:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____

10. Describe the alleged discriminatory act or incident(s). Explain as clearly as possible:

- a. What happened
- b. When it happened
- c. Why you believe it happened and how you were discriminated against
- d. Identify any other individuals who were involved or observed the incident.
- e. Explain how other persons were treated differently from you.

If additional space is needed, you may continue the description on additional pages to be attached to this form.

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 each box that applies and provide information about a contact person at the agency/court where the complaint was filed.:

- Federal agency Federal Court State agency
 State court Local agency

Name: _____ Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

12. Please sign below. You may attach any written materials of other information that you think is relevant.

 Complainant's Signature

 Date