

Peace River Center

Title VI Complaint Form

Mail completed form to: Peace River Center for Personal Development, Inc. P.O. Box 1559 Bartow Fl. 33830 or
The Federal Transit Administration of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR,
1200 New Jersey Avenue, SE, Washington, DC 20590.

Complainant(s) Name:

Complainant(s) Address:

Complainant(s) Phone Number:

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 Individual(s) Whom You Allege Discriminated Against You (If Known):

Discrimination Because Of: Race Color National Origin
 Sex Age Handicap/Disability
 Income Status Retaliation
 Other

Date of the Allege Discrimination:

Please list the name(s) and phone number(s) of any person, if known, that may be contacted for additional information to support or clarify your allegations(s).

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.

Complainant(s) or Complainant(s) Representatives Signature:

Date of Signature: