The Center of Anna Maria Island Discrimination Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home): Teleph			ne (Work):		
Electronic Mail Address:					
Accessible Format	Large Print		Audio Tape		
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this question, go to Section III.					
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you have filed for a third party:					
		-			
Please confirm that you have obtained the permission of the aggrieved			Yes	No	
party if you are filing on behalf of a third party.					
Section III:					
I believe the discrimination I experienced was based on (check all that apply):					
[] Race []	Color	lor [] National O		Origin [] Age	
[] Disability []	Family or Religious Status	[] Other (explain)			
Date of Alleged Discrimination (Month, Day, Year):					
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. 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?		Yes	No		

Section V		
Have you filed this complaint	with any other Federal, State, or local ag	agency, or with any Federal or State court?
[] Yes	[] No	
If yes, check all that apply:		
[] Federal Agency:		
[] Federal Court	[] State	ite Agency
[] State Court	[] Loca	cal Agency
Please provide information ab	oout a contact person at the agency/cou	ourt where the complaint was filed.
Name:		_
Title:		
Agency:		
Address:		
Telephone:		
Section VI		
Name of agency complaint is a	against:	
Contact person:		
Title:		
Telephone number:		
You may attach any written ma	terials or other information that you thi	hink is relevant to your complaint.
Signature and date required be	low	
Signature		 Date
Please submit this form in person	on at the address below, or mail this for	orm to:
Jennifer Griffith	or Christopher Culhane	or The Federal Transit Administration
Center of Anna Maria Island	The Center of Anna Maria Islan	
407 Magnolia Ave.	407 Magnolia Ave.	1200 New Jersey Ave., SE

Anna Maria, FL 43217 Washington, D.C. 20530

Anna Maria, FL 43217