Dr. Piper Center for Social Services, Inc.

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		**Telephone (Work):**		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print TDD		**Audio Tape** **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 party if you are filing on behalf of a third party.		Yes	No	
Section III:				
I believe the discrimination I experienced was based on (check all that apply): [ ] Race [ ] Color [ ] National 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 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 _____
Please provide information about a contact person at the agency/court where the complaint was filed.
Name:
Title:
Agency:
Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

_____

Signature Date

Please submit this form in person at the address below, or mail this form to:

Dr. Piper Center for Social Services, Inc.
8607 Dr. Ella Piper Way
Fort Myers, FL 33916
Attn: Melissa Bonner, CEO/Executive Director

Or:

Federal Transit Administration, Office of Civil Rights
East Bldg. 5th Floor – TCR
1200 New Jersey Ave., SE
Washington DC 20590
Attn: Complaint Team

Website: www.transit.dot.gov