

**POLK TRANSPORTATION PLANNING ORGANIZATION (TPO)
TITLE VI PROGRAM AND RELATED STATUTES
DISCRIMINATION COMPLAINT**

Name	Home Phone	Work Phone
Address (Street No., P.O. Box, Etc.)		City, State, Zip Code
Name of Person(s) Who Discriminated Against You, Position (if known), and Name of Agency:		
Address (Street No.)		City, State, Zip Code
Date of Alleged Incident:		
Discrimination Because of: <ul style="list-style-type: none"> <input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> Religion <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability 		
Explain as briefly and clearly as possible on the back of this form what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.		

Signature _____

Date _____

Mail to: Diane Slaybaugh, Polk TPO Title VI Specialist, Drawer TS05, P. O. Box 9005, Bartow, Florida 33831-9005.