

Miami Cerebral Palsy Residential Services, Inc.

Environmental Services
Section VIII: Transportation
 Effective Date: 4/30/19

POLICY NUMBER: T160c
SUBJECT: Title VI Complaint Form

AUTHORITY REFERENCE: 1.) Code of Federal Regulations, Transportation Title 49 (CFR 49)
 2.) Florida Department of Transportation (FDOT)

Section I:					
Name:					
Address:					
Telephone (Home):			Telephone (Work):		
Electronic Mail Address:					
Accessible Requirements?	Format	Large Print		Audio Tape	
		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 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):					
<input type="checkbox"/> Race		<input type="checkbox"/> Color		<input type="checkbox"/> National Origin	
<input type="checkbox"/> Disability		<input type="checkbox"/> Family or Religious Status		<input type="checkbox"/> Age	
		[]		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.					

