## Appendix E

## Complaint Form

## Easter Seals Florida, Inc.

**Discrimination Complaint Form** 

Section I:					
Name:					
Address:					
Telephone (Home): Telephone		e (Work):			
Electronic Mail Address:		•			
Accessible Format	Large Print		Audio Tape	Audio Tape	
Requirements?	TDD		Other		
Section II:					
Are you filing this complaint on your own behalf?			Yes*	No	
*If you answered "yes" to this q	uestion, go to Section III.		<u> </u>		
If not, please supply the name and relationship of the person for whom you are complaining:					
Please explain why you have file	ed 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	
Please Circle type of Compliant			ADA (Disability Discrimination)	Title VI (Discrimination of Race, color, or national origin)	
Section III:					
I believe the discrimination I exp	perienced was based on (che	ck all that app	oly):		
[] Race [] Co	lor	[] National Origin [] Age			
[] Disability [] Fa	mily or Religious Status	[ ] Other (explain)			
Date of Alleged Discrimination (	Month, Day, Year):				
Explain as clearly as possible where persons who were involved. Incompou (if known) as well as names back of this form.	lude the name and contact in	nformation of	the person(s) who disci	riminated against	

Section IV			
Have you previously	filed a Title VI complaint with this agency?	Yes	No
		,	
Section V			
Have you filed this co	omplaint with any other Federal, State, or local a	agency, or with any Federa	al or State court?
[] Yes	[] No		
If yes, check all that a	apply:		
[] Federal Agency:			
[] Federal Court	[ ] Stat	e Agency	
[] State Court	[] Loca	al Agency	
Please provide inform	mation about a contact person at the agency/co	urt where the complaint v	vas filed.
Name:			
Title:			
Agency:			
Address:			
Telephone:			
Section VI			
Name of agency com	plaint is against:		
Contact person:			
Title:			
Telephone number:			
ou may attach any dignature and date r	written materials or other information that equired below.	you think is relevant to	your complaint.
Signature		Date	
Please submit this fo	orm in person at the address below, or mail	this form to:	
aster Seals Florida		The Federal Tra	nsit Administration
Rob Porcaro	or	Office of Civil Ri	=
010 Crosby Way		1200 New Jerse	y Ave., SE

Winter Park, FL 32792

Washington, D.C. 20530