Appendix E

Complaint Form

Easter Seals Florida, Inc.

Discrimination Complaint Form

Section I:					
Name:					
Address:					
Telephone (Home):		Telephone (Work):			
Electronic Mail Address:		T.			
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.				
	name and relationship of the persor	n 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 b	pehalf of a third party.				
Please Circle type of Com	pliant		ADA	Title VI	
			/Disability	(Discrimination of Race, color,	
			(Disability Discrimination)	or national	
				origin)	
Section III:			'		
I haliava tha discrimination	on Leynerianced was based on Iche	ck all that ann	lv).		
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 Discrimin	ation (Month, Day, Year):				
Explain as clearly as possi	ble what happened and why you be	elieve you wer	e discriminated against	t. Describe all	
persons who were involve	ed. Include the name and contact ir	nformation of	the person(s) who disci	riminated 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	or with any Federa	l or State court?	
[] Yes [] No			
If yes, check all that apply:			
[] Federal Agency:			
[] Federal Court [] State Agency			
[] State Court [] Local Agence	[] Local Agency		
Please provide information about a contact person at the agency/court when	re the complaint w	as 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 thi	ink 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 for	m to:		

or

Easter Seals Florida Rob Porcaro 2010 Crosby Way Winter Park, FL 32792 The Federal Transit Administration Office of Civil Rights 1200 New Jersey Ave., SE Washington, D.C. 20530