



Date Received: \_\_\_\_\_

JHRC No. Assigned: \_\_\_\_\_

### TITLE VI DISCRIMINATION COMPLAINT FORM

#### IMPORTANT NOTICE

The purpose of this form is to assist you in filing a complaint with the City of Jacksonville concerning alleged discrimination in the delivery of services or participation in program activities.

If you need assistance, please contact the office of the Jacksonville Human Rights Commission ("JHRC") at (904) 630-4911.

Please answer all of the questions completely. If you do not know the answer, write "Not Known." If the question does not apply, write "N/A". **Please PRINT CLEARLY.**

#### 1. PERSONAL INFORMATION (Your Name and Address):

Ms.    Mr.    Mrs.

Name: \_\_\_\_\_  
*(Last) (First) (Middle Name or Initial)*

Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2. Person(s) discriminated against, if different from above:

Ms.    Mr.    Mrs.

Name: \_\_\_\_\_  
*(Last) (First) (Middle Name or Initial)*

Address: \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to person named in #1: \_\_\_\_\_

**3. WHO DISCRIMINATED AGAINST YOU? Please name the department/agency or program that discriminated:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**4. WHY WERE YOU DISCRIMINATED AGAINST? Please check the basis on which you believe the discriminatory actions were taken.**

**Race/Color:** \_\_\_\_\_

**National Origin:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Disability:** \_\_\_\_\_

Did you request an accommodation or modification for your disability?  Yes  No

If "Yes", what accommodation or modification did you request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. WHEN DID THE DISCRIMINATION OCCUR? To your best recollection, on what date(s) did the alleged discrimination take place?**

Earliest date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

**6. Please explain as clearly as possible, what happened, why you believe it happened and how you were discriminated against. Indicate why you believe you were discriminated against and who was involved. Be sure to include how other people were treated differently than you. (Please use additional sheets if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PLEASE READ AND SIGN**

**\* Please sign and date this Complaint Form below.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_