



**CITY OF PUNTA GORDA, FLORIDA  
 Title VI / Nondiscrimination Program  
 Complaint of Discrimination**

Complaint(s)							
Name		Phone		Email			
Address		City		State		Zip	
Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):							
Name		Phone		Email			
Address		City		State		Zip	
Name(s) and Address of Agency, Institution, or Department whom you Allege Discrimination Against You:							
Name		Phone		Email			
Address		City		State		Zip	
Name and Address of Agency, Institution, or Department Whom You Allege Discriminated Against You:							
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):							
Discrimination Because Of:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Income Status <input type="checkbox"/> Retaliation <input type="checkbox"/> National Origin <input type="checkbox"/> Other _____						
Date or Dates of Alleged Discrimination:							
Please explain as clearly as possible <b>how, why, when and where</b> you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.							
Please list the name(s) and phone number(s) of any person, if known, that the City's Nondiscrimination Coordinator could contact for additional information to support or clarify your allegation(s).							
Complainant(s) or Complainant(s) Representatives Signature:						Date:	

Return completed form to the City's Title VI Nondiscrimination Coordinator at address or email listed above