

**City of Lakeland
Title VI Nondiscrimination Program
Complaint of Discrimination**



Complainants Name:	Complainants Address:	
Complainants Phone Number:		
Complainants Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc.):		
Name & Address of Agency, Institution, of Department Whom You Allege Discriminated Against You:		
Names of the Individual(s) Whom You Allege Discriminated Against You (If Known):		
Alleged Discrimination Because Of:	<input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Income Status <input type="checkbox"/> Color <input type="checkbox"/> Age <input type="checkbox"/> Retaliation <input type="checkbox"/> National Origin <input type="checkbox"/> ADA/Disability <input type="checkbox"/> Program/Service <input type="checkbox"/> Other	Date of Alleged Discrimination:
Please list the name(s) and phone number(s) of any person, if known, that the City of Lakeland could contact for additional information to support or clarify your allegation(s):		
Please explain as clearly as possible how, why, when and where 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.		
Complainant(s) or Complainant(s) Representatives Signature:	Date of Signature:	

Instructions: Please print, complete and sign the form. The form should be submitted by the complainant or, his/her designee, as soon after the alleged discrimination occurs. ADA/Disability matters should be sent to the City ADA Coordinator. All other alleged discriminatory practices should be sent to the City Title VI/Nondiscrimination Coordinator. Contact information for City Coordinators is provided in the Title VI/EEO-Nondiscrimination and ADA Policy and Plan provided on the City's main website: www.lakelandgov.net.