



PUBLIC WORKS DEPARTMENT

Title VI Complaint Form

The Public Works Department is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of sex, sexual orientation, race, color, gender, age, religion, national origin, marital status, family status, disability or gender identity as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please contact the Office of Equity and Inclusion by calling (352) 334-5051. Complete and return this form to the City of Gainesville Office of Equity and Inclusion: 222 E. University Avenue, Gainesville, FL 32602. Individuals can also file an intake for a complaint electronically at:

<http://cityofgainesville.org/OfficeofEqualOpportunity/ContactorFileAComplaint/IntakeForm.aspx>

Complainant's Name _____

1. Address _____

2. City, State and Zip Code _____

3. Telephone Number (home) _____ (business) _____

4. Person discriminated against (if someone other than the complainant)

Name _____

Address _____

City, State and Zip Code _____

5. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:

- Race _____
- Sex _____
- Sexual Identity _____
- Color _____

- Gender _____
- Age _____
- Religion _____
- National Origin _____
- Marital Status _____
- Family Status _____
- Disability _____
- Gender Identity _____

7. What date did the alleged discrimination take place? _____

8. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.

9. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? _____ Yes _____ No

If yes, check all that apply: _____ Federal agency _____ Federal court _____ State agency
 _____ State court _____ Local agency

10. Please provide information about a contact person at the agency/court where the complaint was filed.

Name _____

Address _____

City, State, and Zip Code _____

Telephone Number _____

11. Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Complainant's Signature Date _____

Print or Type Name of Complainant _____

Date Received: _____

Received By: _____