Okaloosa-Walton Transportation Planning Organization

Title VI Program
Complaint of Discrimination

Complainant(s) Name:  Complainant(s) Address:  

Complainant(s) Phone Number:  

Complainant's Representative's Name, Address, Phone Number and Relationship (e.g. friend, attorney, parent, etc):  

Name and Address of Agency, Institution, or Department Whom You Alleged Discriminated Against You:  

Names of the Individual(s) Whom You Alleged Discriminated Against You (If Known):  

<table>
<thead>
<tr>
<th>Discrimination Because Of:</th>
<th>Date of Alleged Discrimination:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Race</td>
<td></td>
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<tr>
<td>☐ Color</td>
<td></td>
</tr>
<tr>
<td>☐ National Origin</td>
<td></td>
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<tr>
<td>☐ Income Status</td>
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</tbody>
</table>

Please list the name(s) and phone number(s) of any person, if known, that the Okaloosa-Walton Transportation Planning Organization 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:  

Send completed form to:
Mary Bo Robinson TPO Director  Fax 637-1923
PO Box 11399  Email mary.robinson@wfrpc.org
Pensacola, Florida 32524-1399  Phone 332-7976