Section I:
Name:
Address:
Telephone (Home): Telephone (Work):
Email Address:

Section II:
Are you filing this complaint on your own behalf? YES ☐ NO ☐
If you answered "YES" to this question, go to Section III
If not, please supply the name and relationship of the person for whom you are complaining:
Please explain why you have filed for a third party:

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party
YES ☐ NO ☐

Section III:
I believe the discrimination I experienced was based on (Check all that apply):
Race ☐ Color ☐ National Origin ☐ Age ☐ Disability ☐
Family or Religious Status ☐ Other (Explain):

Date of Alleged Discrimination (Month, Day, Year):
Explain as clearly as possible, what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person/s who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV:
Have you previously filed a Title VI complaint with this agency? YES ☐ NO ☐

Section V:
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:
Please provide information about a contact person at the agency/court where the complaint was filed:

Name:
Title:
Agency:
Address:
Telephone:

**Section VI:**
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint or provide additional information in the comment section below.

Signature and date required below:

_________________________________________  __________________________
Signature                                                                 Date

Please submit this form in person at the address listed below, or mail this form to:

**Ray Thayer, Transportation/Mobility Manager**
**The Arc Nature Coast**
**Address:** 15782 Little Ranch Rd, Spring Hill, FL 34610

Phone: 727-619-0702  Email: Rthayer@tancinc.org

Additional Comments:

__________________________________________________________________________

__________________________________________________________________________

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**For The Arc Nature Coast Use Only:**

Date Received in Office:
Received By:
Comments: