Tampa Hillsborough Expressway Authority

Title VI / Nondiscrimination 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 Allege Discriminated Against You:

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

Discrimination Because Of:				Date of Alleged Discrimination:
	... Race	... Color	... National Origin	
	... Sex	... Age	... Handicap/Disability	
	... Income Status	... Retaliation	... Other	

Please list the name(s) and phone number(s) of any person, if known, that the Florida Department of Transportation 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: