



Lake~Sumter Metropolitan Planning Organization

Title VI Complaint Form

Name:	Address (Street, PO Box, City, State, Zip Code):
Phone Number:	

Name of person (s) who discriminated against you, position (if known):

Date of alleged incident:

Discrimination on the basis of (please check):	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Handicap/Disability
	<input type="checkbox"/> Income Status	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other

Please briefly explain the incident, **when** and **where** you believe you were discriminated against. Include the nature of the event, who was involved and any other details necessary for an investigation. (Note: Additional pages may be attached if needed.)

Signature:	Date of Signature:
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Mail to: Michael Woods
Lake~Sumter Metropolitan Planning Organization
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