# Monroe County Board of County Commissioners

**Title VI Complaint Form**

## Section I:

**Name:**  
**Address:**  
**Telephone (Home):**  
**Telephone (Work):**  
**Electronic Mail Address:**  

### Accessible Requirements?

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<thead>
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<th>Format</th>
<th>Large Print</th>
<th>Audio Tape</th>
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<td>Other</td>
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## 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.**

__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________
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.

Signature and date required below

_________________________________  ______________________
Signature        Date

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

Alana Thurston
1100 Simonton Street Room 2-268
Key West, Florida 33040