

## Title VI / Nondiscrimination Program

### Complaint of Discrimination

Santa Rosa County is a recipient of federal funding abides by Title VI/Nondiscrimination Programs. As a result, it is the policy of this agency, under *Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Section 324 of the Federal-Aid Highway Act of 1973; Civil Rights Restoration Act of 1987; the Florida Civil Rights Act of 1992*, and related statutes and regulations, that no person in the United States shall, on the basis of race, color, national origin, age, disability, family status, sex or religion be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by this agency or its sub-recipients.

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:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	Date of Alleged Discrimination:
	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Handicap/Disability	
	<input type="checkbox"/> Religion	<input type="checkbox"/> Family Status	<input type="checkbox"/> Other	

Please list the name(s) and phone number(s) of any person, if known, that the Santa Rosa Board of County Commissioners 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:

Mail or Fax Completed Form to:	Santa Rosa County, Title VI Coordinator	850-983-1863 ph
Title VI Website: <a href="https://www.santarosa.fl.gov/306/Title-VI-Policy-Statement">https://www.santarosa.fl.gov/306/Title-VI-Policy-Statement</a> (Keyword Title)	DeVann Cook, Risk Management Director	850-981-2003 fax
	6495 Caroline Street, Suite I	<a href="mailto:DevannC@santarosa.fl.gov">DevannC@santarosa.fl.gov</a> email
	Milton, FL 32570	