

**SARASOTA/MANATEE METROPOLITAN PLANNING ORGANIZATION'S  
TITLE VI PROGRAM AND RELATED STATUTES  
DISCRIMINATION COMPLAINT**

Name	Home Phone	Work Phone
Address (Street No., P.O. Box, Etc.)		City, State, Zip Code
Name of Person(s) Who Discriminated Against You, Position (if known), and Name of Agency:		
Address (Street No.)		City, State, Zip Code
Date of Alleged Incident:		
Discrimination Because Of:		
<input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> Sex <input type="checkbox"/> Familial Status <input type="checkbox"/> Religion <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Disability		
Explain as briefly and clearly as possible on the back of this form what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.		

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail to:** Michael Maholtz, Sarasota/Manatee Metropolitan Planning Organization  
7632 15<sup>th</sup> Street East, Sarasota, Florida 34243