

**POLK TRANSPORTATION PLANNING ORGANIZATION (TPO)  
TITLE VI PROGRAM, ADA AND RELATED STATUTES  
DISCRIMINATION COMPLAINT FORM**

<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Address (Street No., P.O. Box, Etc.)</b>		<b>City, State, Zip Code</b>
<b>Name of Person(s) Who Discriminated Against You, Position (if known), and Name of Agency:</b>		
<b>Address (Street No.)</b>		<b>City, State, Zip Code</b>
<b>Date of Alleged Incident:</b>		
<b>Discrimination Because of:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Retaliation</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Familial Status</li> <li><input type="checkbox"/> Religion</li> <li><input type="checkbox"/> Color</li> <li><input type="checkbox"/> National Origin</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Disability</li> </ul>		
<b>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.</b>		

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mail to:** Julia Davis, Polk TPO Title VI & ADA Officer, Drawer TS05, P. O. Box 9005, Bartow, Florida 33831-9005.