

**TITLE VI PROGRAM AND RELATED STATUTES
DISCRIMINATION COMPLAINT AGAINST DADE COUNTY**

Name:		Telephone (home):	Telephone (work):
Address:		City, State, Zip Code:	
Name of COUNTY Staff Person that You Believe Discriminated Against You:			
Address:		City, State, Zip Code:	
Date of Alleged Incident:			
You were discriminated because of:			
Race	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex	<input type="checkbox"/> Familial Status
Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Disability
	<input type="checkbox"/> Other (Language)		
<p>Explain as briefly and clearly as possible 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.</p>			
Signature:		Date:	