

Title VI / Nondiscrimination Program Complaint of Discrimination

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:	ORace	OColor	<input type="checkbox"/> National Origin	Date of Alleged Discrimination:
	OSex	OAge	<input type="checkbox"/> Handicap/Disability	
	Oincome Status	<input type="checkbox"/> Retaliation	OOther	
Please list the name(s) and phone number(s) of any person, if known, that the Suwannee County 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:

Name: Carol Gilchrist
 Title VI/Nondiscrimination Coordinator
 96135 Nassau Place, Yulee, FL 32097
 (904) 530-6010
 Fax#: (904) 321-5917
 cgilchrist@nassaucountyfl.com