## MID FLORIDA COMMUNITY SERVICES, INC.- TRANS-HERNANDO

## Title VI Complaint Form

Section I:						
Name:						
Address:						
Telephone (Home):		Telephone (Work):				
Electronic Mail Address:						
Accessible Format	Large Print		Audio Tape			
Requirements?	TDD		Other			
Section II:						
Are you filing this complaint on your own behalf?			Yes*	No		
*If you answered "yes" to this question, go to Section III.						
If not, please supply the name and relationship of the person for whom						
you are complaining:	you are complaining:					
Please explain why you have filed for a third party:						
Please confirm that you have of	Disace confirm that you have obtained the permission of the aggriculture			No		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes			
Section III:						
I believe the discrimination I experienced was based on (check all that apply):						
[] Race [] Co	lor	[] National Origin [] Age				
[] Disability [] Fa	mily or Religious Status	[ ] Other (explain)				
Date of Alleged Discrimination (Month, Day, Year):						
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.						
Section IV						
Have you previously filed a Title VI complaint with this agency?			Yes	No		

Section V				
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?				
[] Yes	[ ] No			
If yes, check all that apply:				
[] Federal Agency:				
[] Federal Court		[] State Agency		
[] State Court		[] Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed.				
Name:				
Title:				
Agency:				
Address:				
Telephone:				
Section VI				
Name of agency complaint is against:				
Contact person:				
Title:				
Telephone number:				

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Mr. Mathew Kline Chief Operating Officer 820 Kennedy Blvd. P.O. Box 896 Brooksville, FL 34605