

**Pinellas County  
Title VI Complaint Form**

*For use by persons who believe they have been unlawfully denied access to or participation in programs services or activities provided by Pinellas County Government in violation of Title VI of the 1964 Civil Rights Act which provides that: No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.*

(Please Provide the Following)

Name of Person Discriminated Against \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

If you are filing on behalf of another person:

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Your relation to the aggrieved person (e.g., friend, attorney, parent, Etc.) \_\_\_\_\_

The name of the Pinellas County agency, division, or department you believe discriminated against you. \_\_\_\_\_

Address \_\_\_\_\_

How were discriminated against? (Please identify the Pinellas County Program or service involved. Include as much background information as possible about the alleged acts of discrimination. You may use an extra sheet of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you believe you were discriminated against? \_\_\_\_\_

\_\_\_\_\_

When did the discrimination occur?

(Date) \_\_\_\_\_

Names, if you know them, of the individuals whom you believe discriminated against you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the names and contact information of any persons, if known, that the Office of Human Rights could contact for additional information to support or clarify your allegations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your complaint must be signed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date