

Title VI Complaint Form

The City of Homestead is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin, or disability, as provided by Title VI of the Civil Rights Act of 1964 and the American with Disabilities Act (ADA), as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Coordinator by calling 305- 224-4777. The completed form must be returned to the City of Homestead, 551 SE 8 Street, Homestead, Florida 33030.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____

Person(s) discriminated against (if other than complainant)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Which of the following best describes the reason for the alleged discrimination that took place?

Race Color National Origin Limited English Proficiency Disability (ADA)

Other

Date of Incident: _____ Name of Individuals Involved: _____

Please describe the alleged discrimination incident. Provide the names and title of all City employees involved if available. Explain what happened and who you believe was responsible. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state or local agencies? (Circle one) Yes / No

If so, list agency / agencies and contact information below:

Agency: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Complainants Signature: _____ Date: _____

Name of Complainant: _____ Date Received: _____

Review By: _____ Date: _____