

**City of Lauderdale**  
**Title VI and ADA Complaint of Discrimination**

Complainant Name:	Street Address:
Phone Number:	City:
E-mail Address:	State: <span style="float: right;">Zip Code:</span>

Please list the names, addresses, and phone numbers of any witnesses:

Location of Incident:	Date of Incident:
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Discrimination because of:

<input type="radio"/> Race	<input type="radio"/> Sex	<input type="radio"/> Income Status
<input type="radio"/> Color	<input type="radio"/> Age	<input type="radio"/> Retaliation
<input type="radio"/> Nation Origin	<input type="radio"/> Handicap/Disability	<input type="radio"/> Other

Please explain **how, why, when** and **where** you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Please include the URL of the webpage if the discrimination claim is related to the website. Additional pages may be attached if needed.

Complainant Signature:	Date of Signature:
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**Note: Alternate means of filing complaint, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.**